

SERFF Tracking Number: MNNP-128271684 State: Arkansas
 Filing Company: ReliaStar Life Insurance Company State Tracking Number:
 Company Tracking Number: RL-CI3-POL-12
 TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
 Limited Benefit
 Product Name: Compass Critical Illness
 Project Name/Number: /

Filing at a Glance

Company: ReliaStar Life Insurance Company

Product Name: Compass Critical Illness

SERFF Tr Num: MNNP-128271684 State: Arkansas

TOI: H07G Group Health - Specified Disease - Limited Benefit

SERFF Status: Closed-Approved- Closed State Tr Num:

Sub-TOI: H07G.001 Critical Illness

Co Tr Num: RL-CI3-POL-12

State Status: Approved-Closed

Filing Type: Form

Author: Molly Williams

Reviewer(s): Rosalind Minor

Date Submitted: 05/08/2012

Disposition Date: 05/18/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name:

Status of Filing in Domicile:

Project Number:

Date Approved in Domicile:

Requested Filing Mode:

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 05/18/2012

State Status Changed: 05/18/2012

Deemer Date:

Created By: Molly Williams

Submitted By: Molly Williams

Corresponding Filing Tracking Number:

Filing Description:

Re: ReliaStar Life Insurance Company

NAIC #: 0229-67105

FEIN 41-0451140

Group Critical Illness Policy Form #: RL-CI3-POL-12

Group Critical Illness Certificate Form #: RL-CI3-CERT-12-AR

Spouse Critical Illness Rider Form #: RL-CI3-SPR-12

Children's Critical Illness Rider Form #: RL-CI3-CHR-12-AR

Wellness Benefit Rider Form #: RL-CI3-WELL-12

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Recurrence Rider Form #: RL-CI3-REC-12
Restoration of Benefits Rider Form #: RL-CI3-REST12
Return of Premium Rider Form #: RL-CI3-ROP-12
Group Insurance Application Form #: RL-GRP-AR-12
Insurance Application and Reinstatement
Request for Critical Illness Form #: CI3-IND-12-AR
Insurance Application and Reinstatement
Request for Critical Illness – Cancer Plan Form #: CI3-IND-12-AR-CAN

We are submitting the above captioned forms for review and approval. These forms are new and will not replace any forms previously approved by your Department.

This Policy provides critical illness insurance to eligible groups in your state. It will be primarily marketed to employer groups, but may also be marketed to union groups or multiple employer/union trust groups. It will be offered to all eligible employees/members. It will be offered as 100% employer paid, partially paid by employer with remaining premium paid by the employee, or 100% employee paid.

The provisions in the policy and certificate will always appear in the same context. However, dependent on any future filed language changes that may be required and system formatting limitations, the page numbers on which information falls may change.

The employer will elect the plan modules to be offered to the employees.

The module options include:

- The Critical Illness module only,
 - o Including optional Critical Illness Bundle A and/or Critical Illness Bundle B within the Critical Illness module.
- The Cancer module only or
- Both the Critical Illness and Cancer modules.
 - o Including optional Critical Illness Bundle A and/or Critical Illness Bundle B within the Critical Illness module.
- Critical Illness Bundle A and/or Critical Illness Bundle B could be included as stand -alone modules, allowing a benefit payment from each of the 4 modules (Critical Illness module, Cancer module, Bundle A module and Bundle B module).

For voluntary coverage, if the employer elects to offer both the Critical Illness and Cancer modules, the employee can

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elect to include the cancer module or not.

We also plan to offer employers a choice of coverage options based on how we pay benefits:

- A one-time benefit payment for any one of the covered conditions,
- A one-time benefit payment for any one condition in each module, or
- A one-time benefit for each covered condition..

The employer will elect to offer the Spouse and/or Children's Riders and will elect the amount to be offered. Employees will be able to choose to include these riders or opt not to have them.

The Wellness Benefit Rider, the Restoration of Benefits Rider, the Recurrence Rider and the Return of Premium Rider will be elected by the employer and will not be an option at the employee level.

This submission includes a Group Application and two employee applications. The applications may be in written or electronic format. When presented electronically, the actual wording of the statements and questions will not change, but based on the plan design and the responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant.

The Policy, Certificate, Riders and Applications contain bracketed material. Note that no change in the variable areas will be made which will be in conflict with the laws, rules and regulations of your state. A Statement of Variability explaining the variables is included in this submission

These forms are being filed concurrently in Minnesota, the domicile state for ReliaStar Life Insurance Company.

To the best of my knowledge and belief, this submission complies with the laws, regulations and bulletins of your state. Thank you in advance for your prompt review and consideration of this submission. Please contact me at the number listed above if you have any questions or if you need any additional information in order to complete your review.

State Narrative:

Company and Contact

Filing Contact Information

Molly Williams, Compliance Analyst molly.williams@us.ing.com
P.O. Box 20 612-342-7233 [Phone]
Route 7791 612-342-3695 [FAX]
Minneapolis, MN 55440-0020

Filing Company Information

SERFF Tracking Number: MNNP-128271684 State: Arkansas

Filing Company: ReliaStar Life Insurance Company State Tracking Number:

Company Tracking Number: RL-CI3-POL-12

TOI: H07G Group Health - Specified Disease - Sub-TOI: H07G.001 Critical Illness
Limited Benefit

Product Name: Compass Critical Illness

Project Name/Number: /

ReliaStar Life Insurance Company CoCode: 67105 State of Domicile: Minnesota
P.O. Box 20 Group Code: 229 Company Type:
Minneapolis, MN 55440-0020 Group Name: State ID Number:
(612) 372-5246 ext. [Phone] FEIN Number: 41-0451140

Filing Fees

Fee Required? Yes

Fee Amount: \$550.00

Retaliatory? No

Fee Explanation: \$50 per form time 11 forms = \$550

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
ReliaStar Life Insurance Company	\$550.00	05/08/2012	59008860

State: *Arkansas*

State Tracking Number:

Company Tracking Number: RL-CI3-POL-12

Sub-TOI: H07G.001 Critical Illness

Product Name: *Compass Critical Illness*

Project Name/Number: /

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/18/2012	05/18/2012

SERFF Tracking Number: *MNNP-128271684* *State:* *Arkansas*
Filing Company: *ReliaStar Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *RL-CI3-POL-12*
TOI: *H07G Group Health - Specified Disease -* *Sub-TOI:* *H07G.001 Critical Illness*
 Limited Benefit
Product Name: *Compass Critical Illness*
Project Name/Number: */*

Disposition

Disposition Date: 05/18/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MNNP-128271684 State: Arkansas

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Consumer Notice	Approved-Closed	Yes
Form	Policy	Approved-Closed	Yes
Form	Certificate	Approved-Closed	Yes
Form	Spouse Rider	Approved-Closed	Yes
Form	Children's Rider	Approved-Closed	Yes
Form	Wellness Benefit Rider	Approved-Closed	Yes
Form	Recurrence Rider	Approved-Closed	Yes
Form	Restoration Rider	Approved-Closed	Yes
Form	Return of Premium Rider	Approved-Closed	Yes
Form	Group Application	Approved-Closed	Yes
Form	Individual Application	Approved-Closed	Yes
Form	Individual Application	Approved-Closed	Yes

SERFF Tracking Number: MNNP-128271684 State: Arkansas

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Form Schedule

Lead Form Number: RL-CI3-POL-12

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Approved-Closed 05/18/2012	RL-CI3-POL-12	Policy/Cont ract/Fratern al Certificate	Policy	Initial		0.000	RL-CI3-POL-12.pdf
Approved-Closed 05/18/2012	RL-CI3-CERT-12-AR	Certificate	Certificate	Initial		0.000	RL-CI3-CERT-12-AR.pdf
Approved-Closed 05/18/2012	RL-CI3-SPR-12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Spouse Rider	Initial		0.000	RL-CI3-SPR-12.pdf
Approved-Closed 05/18/2012	RL-CI3-CHR-12-AR	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Children's Rider	Initial		0.000	RL-CI3-CHR-12-AR.pdf
Approved-Closed 05/18/2012	RL-CI3-WELL-12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Wellness Benefit Rider	Initial		0.000	RL-CI3-WELL-12.pdf
Approved-Closed 05/18/2012	RL-CI3-REC-12	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Recurrence Rider	Initial		0.000	RL-CI3-REC-12.pdf

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Product Name: Compass Critical Illness

Project Name/Number: /

Approved- Closed 05/18/2012	RL-CI3- REST-12	nt or Rider Certificate Restoration Rider Amendmen t, Insert Page, Endorseme nt or Rider	Initial	0.000	RL-CI3- REST-12.pdf
Approved- Closed 05/18/2012	RL-CI3- ROP-12	nt or Rider Certificate Return of Premium Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial	0.000	RL-CI3-ROP- 12.pdf
Approved- Closed 05/18/2012	RL-GRP- AR-12	Application/ Group Application Enrollment Form	Initial	0.000	164263_FILIN G RL-GRP- AR-12 05012012_St ateFiling.pdf
Approved- Closed 05/18/2012	RL-CI3- IND-12-AR	Application/ Individual Application Enrollment Form	Initial	0.000	163598_FILIN G RL-CI3- IND-12-AR 05012012_St ateFiling.pdf
Approved- Closed 05/18/2012	RL-CI3- IND-12-AR- CAN	Application/ Individual Application Enrollment Form	Initial	0.000	163607_FILIN G RL-CI3- IND-12-AR- CAN 05012012_St ateFiling.pdf

GROUP CRITICAL ILLNESS INSURANCE POLICY
RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]
[800-955-7736]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CCI]
POLICY EFFECTIVE DATE: [January 1, 2013]
POLICY ANNIVERSARY DATE: [January 1]
GOVERNING JURISDICTION: [State]

THIS IS A LIMITED BENEFIT POLICY.
Benefits are paid for Critical Illnesses as defined in the Certificate(s).

ReliaStar Life Insurance Company (We, Us, Our) will pay the benefits according to the terms and conditions of this Policy. This Policy is issued in consideration of the Policyholder's application and payment of premiums when due.

This Policy is effective on the Policy effective date. The first Policy year ends one year after the Policy effective date; subsequent Policy anniversary dates will be annually thereafter. Policy years are determined from the Policy anniversary. Benefit periods begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

READ THIS POLICY CAREFULLY! This Policy is a legal contract between the Policyholder and ReliaStar Life Insurance Company, delivered in and governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

RENEWABILITY

This Policy is conditionally renewable on each Policy anniversary.

[Pre-Existing Condition limitations or exclusions and other limitations] [Limitations] or exclusions may apply. Please read the Policy carefully. [Benefits may also be limited or reduced based on the attainment of certain ages.]

Signed for ReliaStar Life Insurance Company at its home office in [Minneapolis, Minnesota] on the Policy effective date.


President


Secretary

This Policy provides Critical Illness Insurance

[Contributory] [Noncontributory]

Nonparticipating

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PART A. POLICYHOLDER PROVISIONS

ENTIRE CONTRACT

The entire contract consists of all of the following:

- This Policy issued to the Policyholder including Part A and Part B.
- The Certificate(s) which are made part of Part B under this Policy.
- Any endorsements and/or riders issued.
- The Policyholder's signed application, a copy of which is attached to the Policy when issued.
- [The Employers' signed participation agreements, if any.]
- [The Insured Persons' signed [enrollment forms] [applications], if any.]

The Policy may be amended at any time by written agreement between Us and the Policyholder. No change in the Policy will be valid until approved by one of Our executive officers. Such approval must be in writing and will be endorsed or attached to the Policy. Changes requiring regulatory approval will not be valid until approved by the appropriate regulatory body.

No agent, representative or employee of Ours or of any other entity may change or waive the terms of this Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed on or attached to this Policy.

CERTIFICATES

We will furnish the Policyholder with a Certificate of coverage which describes the benefits under the Policy. [The Policyholder will provide a Certificate to each Insured Person.] [We will also provide a Certificate to each Insured Person.]

If there is a conflict between the terms of this Policy and any Certificate or rider issued under it, this Policy controls.

ELIGIBLE NEW INSURED PERSONS

Eligible new Insured Persons will become covered under this Policy according to the terms and provisions of the Policy.

MAINTAINING RECORDS

The Policyholder must provide Us with detailed information about persons who are eligible to become insured under the Policy, information about Insured Persons, and any other information that may be reasonably required.

Policyholder [and Employer] records that have a bearing, in Our opinion, on the Policy will be available for review by Us at any reasonable time as determined by Us.

REPRESENTATIONS NOT WARRANTIES

A copy of the Policyholder's application will be attached to the Policy when issued. All statements made by the Policyholder [and Employer] are considered representations and not warranties.

INCONTESTABILITY

The validity of the Policy can not be contested by Us after it has been in force for two years from the Policy effective date, except for nonpayment of premiums.

PREMIUM RATES

The initial premium for this Policy is based on the initial rate(s) shown below.

[Critical Illness Insurance..... \$.xx per \$1,000]

[Critical Illness Insurance per \$1,000 based on the [attained] [issue] age of the [Employee/Member]:

Age	[Tobacco]	[No Tobacco]
[Under 25.....	\$.xx.....	[\$.xx
25-29.....	\$.xx.....	\$.xx
30-34.....	\$.xx.....	\$.xx
35-39.....	\$.xx.....	\$.xx
40-44.....	\$.xx.....	\$.xx
45-49.....	\$.xx.....	\$.xx
50-54.....	\$.xx.....	\$.xx
55-59.....	\$.xx.....	\$.xx
60-64.....	\$.xx.....	\$.xx
65-69.....	\$.xx.....	\$.xx
70 and over].....	\$.xx.....	\$.xx]]

[Spouse Critical Illness Rider..... \$.xx per \$1,000]

[Spouse Critical Illness Rider per \$1,000 based on the [attained] [issue] age of the [Employee/Member][Spouse]:

Age	[Tobacco]	[No Tobacco]
[Under 25.....	\$.xx.....	[\$.xx
25-29.....	\$.xx.....	\$.xx
30-34.....	\$.xx.....	\$.xx
35-39.....	\$.xx.....	\$.xx
40-44.....	\$.xx.....	\$.xx
45-49.....	\$.xx.....	\$.xx
50-54.....	\$.xx.....	\$.xx
55-59.....	\$.xx.....	\$.xx
60-64.....	\$.xx.....	\$.xx
65-69.....	\$.xx.....	\$.xx
70 and over].....	\$.xx.....	\$.xx]]

[Children's Critical Illness Rider..... \$.xx per \$1,000]

[Wellness Benefit Rider \$.xx per [Employee/Member]]

[Wellness Benefit Rider \$.xx per Rider]

[Restoration of Benefits Rider..... \$.xx per \$1,000]

[Recurrence Rider \$.xx per \$1,000]

[Return of Premium Rider..... \$.xx per [Employee/Member]]

[Return of Premium Rider..... \$.xx per Rider]

PREMIUM PAYMENTS

Premium Due Dates: [01/01/2012] and the [first-last] day of each [calendar month] [quarter] thereafter. The Policyholder must send all premiums to Us on or before their respective due dates. The premium must be paid in United States dollars to Our home office.

INITIAL RATE GUARANTEE AND RATE CHANGES

A change in premium rates will not take effect before [January 1, 2014].

However, We may change premium rates at any time for reasons which affect the risk assumed, including but not limited to any of these:

- A change occurs in the policy design.
- The number of Insured Persons changes by [10-25%] or more.
- A new law or a change in any existing law is enacted which applies to the Policy.

We will notify the Policyholder in writing at least [30-365] days before a premium rate is changed. A change in premium rates may take effect on an earlier date when both the Policyholder and We agree.

GRACE PERIOD

The Policyholder has a grace period of [31-90] days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

[POLICY TERMINATION

The Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- [There is less than [5-100%] participation of those eligible persons who pay all or part of their premium for the Policy.]
- [There is less than 100% participation of those eligible persons for a Policyholder paid plan.]
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.].

[POLICY TERMINATION]

The Policy or an Employer's Plan of Coverage under the Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy or an Employer's Plan of Coverage under the Policy for any of the following reasons:

- The Policyholder or Employer does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es).
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy or an Employer's Plan of Coverage under the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy or an Employer's Plan of Coverage under the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy or an Employer's Plan of Coverage under the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy or an Employer's Plan of Coverage under the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy or an Employer's Plan of Coverage under the Policy is terminated, the termination will not affect a payable claim.]

[PORTABILITY]

If there are any Insured Persons on portability, as described in the Certificate, when the Policy [or an Employer's Plan of Coverage under the Policy] would otherwise terminate, the Policy will remain in force to cover those Insured Persons on portability until the date there are no Insured Persons on portability.

[Exception: If We terminate the Policy due to Our termination of all similar policies in the Policy issue state, then coverage for all Insured Persons on portability will also terminate. We will send a termination notice to each Insured Person on portability.]]

REINSTATEMENT

We will not reinstate the Policy after it has terminated. To become insured after insurance has stopped, the Policyholder must submit a new application.

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

[DIVISIONS, SUBSIDIARIES OR AFFILIATED COMPANIES INCLUDED] [PARTICIPATING EMPLOYERS]

NAME

LOCATION (CITY AND STATE)

[None]

[XYZ Company]

[Columbus, Ohio]

PART B. INSURED PERSONS' PROVISIONS

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CCI]

The Certificates specified in the Certificate Index below are made a part of the Policy.

Riders and endorsements, if any, amending the provisions of the Certificates are also made a part of the Policy. The Certificates, riders and endorsements are made a part of the Policy from the effective date(s) listed below. The class(es) of Insured Persons to whom provisions apply are also listed in the Certificate Index.

CERTIFICATE INDEX

Class of Insured Persons	Certificate Number	Effective Date
[All eligible [Employees/Members]	B-54321	January 1, 2013]

[RIDER/ENDORSEMENT INDEX

Class of Insured Persons	Certificate Number	Rider / Endorsement Number	Effective Date
All eligible [Employees/Members]	B-54321	SPR-54321	January 1, 2013
All eligible [Employees/Members]	B-54321	CHR-54321	January 1, 2013
All eligible [Employees/Members]	B-54321	WELL-54321	January 1, 2013
[Hourly Employees]	B-54321	REC-54321	January 1, 2013
[Salaried Employees]	B-54321	REST-54321	January 1, 2013
All eligible [Employees/Members]	B-54321	ROP-54321	January 1, 2014]

GROUP CRITICAL ILLNESS INSURANCE CERTIFICATE OF COVERAGE

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]
Claims: [888-238-4840] Customer Service: [800-537-5024]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CCI]
POLICY EFFECTIVE DATE: [January 1, 2013]
[EMPLOYER: [XYZ Employer]]
[EMPLOYER PLAN EFFECTIVE DATE: [January 1, 2013]
GOVERNING JURISDICTION: Arkansas

THIS IS LIMITED BENEFIT COVERAGE. **Benefits are paid for Critical Illnesses as defined in the Certificate.**

ReliaStar Life Insurance Company (We, Us, Our) certifies that We have issued the group Policy listed above to the Policyholder. The Policy is available for You to review if You contact the Policyholder for more information. **This is Your Certificate as long as You are eligible for coverage and You become insured. Please read it carefully and keep it in a safe place.** This Certificate replaces any other Certificates We may have given You under the Policy.

This Certificate summarizes and explains the parts of the Policy which apply to You. The Certificate is part of the group Policy but by itself is not a policy. Your coverage may be changed under the terms and conditions of the Policy. The Policy is delivered in and is governed by the laws of the governing jurisdiction and to the extent applicable by the Employee Retirement Income Security Act of 1974 (ERISA) and any amendments.

For purposes of effective dates and ending dates under the Policy, all days begin at 12:01 a.m. standard time at the Policyholder's address and end at 12:00 midnight standard time at the Policyholder's address.

The coverage under the Policy is conditionally renewable according to the terms and provisions of the Policy.


Notice to buyer: This is a specified disease Certificate. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover medical expenses.

[Pre-Existing Condition limitations or exclusions and other limitations] [Limitations] or exclusions may apply. Please read Your Certificate carefully. [Benefits may also be limited or reduced based on the attainment of certain ages.]

[RIGHT TO EXAMINE CERTIFICATE]

[If You contribute to the cost of Your coverage,] You may cancel Your coverage for any reason within [10-30] days after Your receipt of Your initial Certificate of coverage under the Policy, provided no benefits have been paid. Contact [the Policyholder] [Us] to cancel Your coverage and receive any premium refund.]

Signed for ReliaStar Life Insurance Company at its home office in [Minneapolis, Minnesota] on the Policy effective date.



President



Secretary

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SCHEDULE OF BENEFITS

EMPLOYER: [XYZ Employer]

GROUP POLICY NUMBER: [12345-6CCI]

[ACCOUNT NUMBER: [2]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

ELIGIBLE CLASS(ES)

[All Employees/Members] in Active Employment with the Employer in the United States [or at an Employer location in [Canada or Mexico]].

You must be [an Employee/Member] of the Employer and in an eligible class.
Temporary and seasonal workers are excluded from coverage.

MINIMUM HOURS REQUIREMENT

[[10-30] hours per week]

ELIGIBILITY WAITING PERIOD

For persons in an eligible class on or before the Policy effective date: [None] [A continuous period of [1-365] days of Active Employment.] [End of the month in which You complete a continuous period of [1-365] days of Active Employment.] [End of the month in which You begin Active Employment.]

For persons entering an eligible class after the Policy effective date: [None] [A continuous period of [1-365] days of Active Employment.] [End of the month in which You complete a continuous period of [1-365] days of Active Employment.] [End of the month in which You begin Active Employment.]

[REHIRE

If Your employment with the Employer ends and You are rehired within [1-12] months, Your previous Active Employment while in an eligible class will apply toward the Eligibility Waiting Period. All other Policy provisions apply.]

[WAIVER OF ELIGIBILITY WAITING PERIOD

If You have been continuously employed by the Employer for a period of time equal to Your Eligibility Waiting Period, We will waive Your Eligibility Waiting Period when You enter an eligible class.]

[CREDIT PRIOR SERVICE

We will apply any prior period of work with the Employer toward the Eligibility Waiting Period to determine Your eligibility date.]

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of Your coverage.]

[You and the Employer share the cost of Your coverage.]

[You pay the cost of Your coverage.]

[[Option 1/Core]: The Employer pays the cost of Your coverage.]

[[Option 2/Buyup]: You and the Employer share the cost of Your coverage.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]]

MAXIMUM BENEFIT AMOUNT

[\$1,000-500,000]

[Choice of [\$1,000-500,000] or [\$1,000-500,000] [or] [\$1,000-500,000]]

[Choice of [\$1,000-499,000] to [\$2,000-500,000] in [\$1,000-10,000] increments]

[[Option 1/Core]: [\$1,000-100,000]]

[[Option 2/Buyup]: [\$2,000-500,000]]

[GUARANTEED ISSUE AMOUNT

[\$1,000-100,000]]

CRITICAL ILLNESS BENEFITS

[When You first apply for coverage, You have a choice between including or not including the Cancer module.]

[Critical Illness Module:]

[Covered Illness	Percent of Maximum Benefit Amount Payable
Heart Attack	100%
Stroke	100%
End Stage Renal Failure	100%
Coronary Artery Bypass	25%
Coma	100%
Major Organ Failure	100%
Permanent Paralysis	100%]

[Module A:

Covered Illness	Percent of Maximum Benefit Amount Payable]
[Deafness	100%
Blindness	100%
Benign Brain Tumor	100%
Occupational HIV	100%]

[Module B:

Covered Illness	Percent of Maximum Benefit Amount Payable]
[Multiple Sclerosis	100%
Amyotropic Lateral Sclerosis (ALS)	100%
Parkinson's Disease	100%
Alzheimer's Disease	100%
Infectious Disease	100%]

[Cancer Module:]

[Covered Illness	Percent of Maximum Benefit Amount Payable]
[Cancer	100%
Carcinoma in Situ (CIS)	25%
Skin Cancer	10%]

[Benefits reduce 50% on [Your 70th birthday] [the Policy anniversary following Your 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

DEFINITIONS

Active Employment means [You are working for the Employer for earnings that are paid regularly and You are performing the material and substantial duties of Your regular occupation. You must be working at least the minimum number of hours as described under the MINIMUM HOURS REQUIREMENT shown in the SCHEDULE OF BENEFITS.

Your work site must be one of the following:

- The Employer's usual place of business;
- An alternative work site at the direction of the Employer, including Your home; or
- A location to which Your job requires You to travel.

Normal vacation is considered Active Employment.

Temporary and seasonal workers are excluded from coverage.]

[Alzheimer's Disease means a clinically established diagnosis of Alzheimer's Disease by a psychiatrist or neurologist, resulting in the inability to perform independently 2 or more of the following activities of daily living: eating, bathing, dressing, toileting, transferring or maintaining continence.]

[Amyotrophic Lateral Sclerosis (ALS) means motor neuron disease, marked by progressive muscular weakness and atrophy with spasticity and hyperreflexia due to a loss of motor neurons of the spinal cord, medulla and cortex.]

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be insured under the Policy before any benefits are payable.]

[Benign Brain Tumor means a non-cancerous brain tumor confirmed by the examination of tissue (biopsy or surgical excision) or specific neurological examination. The tumor must result in persistent neurological deficits including but not limited to:

- Loss of vision;
- Loss of hearing; or
- Balance disruption.

For purposes of the Policy, the following are not considered Benign Brain Tumors:

- Tumors of the skull;
- Pituitary adenomas; and
- Germinomas.

Benign Brain Tumor does not include diagnosis of any of the following conditions prior to Your coverage effective date:

- Neurofibromatosis I;
- Neurofibromatosis II;
- Von Hippel Lindau;
- Tuberous Sclerosis;
- Li Fraumani Syndrome;
- Cowden Disease; or
- Turcot Syndrome.]

[Blindness means clinically proven irreversible reduction of sight in both eyes certified by an ophthalmologist with:

- Sight in the better eye reduced to a best corrected visual acuity of less than 6/60 (metric acuity) or 20/200 (Snellen or E-Chart Acuity); or
- Visual field restriction to 20 degrees or less in both eyes.]

[Cancer] means a group of diseases characterized by the uncontrolled growth and/or spread of abnormal cells. Cancer is limited to malignancies of solid tissue, blood or lymph tissue and includes leukemia, lymphoma and Hodgkin's disease.

The diagnosis of Cancer must be established according to the criteria of the American Board of Pathology or the American Joint Committee on Cancer. This requires looking at the suspect tumor, tissue or specimen at the microscopic level such that malignancy may be determined. A clinical diagnosis of Cancer will be accepted as evidence that Cancer exists in You when a pathological diagnosis can not be made, provided the medical evidence substantially documents the diagnosis of Cancer.

Conditions such as the following are not considered Cancer for the purposes of the Policy:

- Basal cell carcinoma and squamous cell carcinoma of the skin;
- Carcinoma In Situ;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm;
- Pre-malignant conditions or polyps;
- Any other benign or nonmalignant condition.]

[Carcinoma in Situ (CIS)] means tumor cells tending toward malignancy but that do not invade the underlying tissue (i.e. malignant cells confined to the epithelium without penetration of the basement membrane). This diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Cancers such as the following are not considered Carcinoma In Situ:

- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin;
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm; or
- Pre-malignant conditions or conditions with malignant potential.]

Certificate means the document that explains the parts of the Policy which apply to eligible Insured Persons. It may include riders, endorsements or amendments.

[Coma] means a Coma resulting from a severe traumatic brain injury that results in a continuous state of profound unconsciousness lasting for a period of 14 or more consecutive days, characterized by having a Glasgow scale of 3; defined as the absence of:

- Eye opening;
- Verbal response; and
- Motor response.

The condition must require intubation for respiratory assistance.]

[Coronary Artery Bypass] means coronary artery disease that has been clinically diagnosed and requires You to undergo a surgical procedure to open a blockage of one or more coronary arteries using venous or arterial grafts.

Coronary Artery Bypass does not include balloon angioplasty, placement of intravascular stent, laser relief or other like procedures.]

Critical Illness means any of the following as defined:

- [Alzheimer's Disease;] [or]
- [Amyotrophic Lateral Sclerosis (ALS);] [or]
- [Benign Brain Tumor;] [or]
- [Blindness;] [or]
- [Cancer;] [or]
- [Carcinoma in Situ;] [or]
- [Coma;] [or]
- [Coronary Artery Bypass;] [or]
- [Deafness;] [or]
- [End Stage Renal (Kidney) Failure;] [or]
- [Heart Attack;] [or]
- [Infectious Disease;] [or]
- [Major Organ Failure;] [or]
- [Multiple Sclerosis;] [or]
- [Occupational HIV;] [or]
- [Parkinson's Disease;] [or]
- [Permanent Paralysis;] [or]
- [Skin Cancer;] [or]
- [Stroke.]

[Deafness] means profound deafness in both ears that is not correctable.

Diagnosis of Deafness must be made by an otolaryngologist or another Doctor familiar with the diagnosis of Deafness.]

Doctor means a person other than You or any family member, who is licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical doctor. If so, then this definition includes persons recognized as qualified to treat the condition for which claim is made by the state in which treatment is received.

Eligibility Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that You must be in Active Employment in an eligible class before You are eligible for coverage under the Policy.

[Employee/Member] [means a person who is a citizen or legal resident of the United States in Active Employment with the Employer in the United States [or at an Employer location in [Canada or Mexico]].]

[Employer] means the Policyholder and includes any division, subsidiary or affiliated company named in the Policy.]

[Employer] means the entity that has been approved by Us for coverage under the Policy issued to the Policyholder. Approval by Us of an Employer's Plan of Coverage under the Policy is recorded and maintained in Our underwriting file(s) for the Policy.]

[End Stage Renal (Kidney) Failure] means chronic, irreversible failure of the kidneys requiring regular hemodialysis or peritoneal dialysis (at least weekly) in order to sustain life or renal transplantation is performed. This definition includes You being placed on the UNOS (United Network for Organ Sharing) list for a renal transplant.]

[Evidence of Insurability] means a statement of Your medical history that We will use to determine if You are approved for coverage.]

[Guaranteed Issue Amount] means the benefit amount (as shown on the SCHEDULE OF BENEFITS) for which You are eligible to apply without providing Evidence of Insurability, when You are first eligible for coverage under the Policy [or during a future [annual] enrollment period if We allow a guaranteed issue offer].]

[Heart Attack means an acute myocardial infarction (death of an area of heart muscle) that was caused by a blockage of one or more coronary arteries. The medical evidence must be consistent with the diagnosis of heart muscle death. Significant electrocardiogram (EKG) changes must be seen and one or both of the following must confirm the acute myocardial infarction (Heart Attack):

- A clinical picture of myocardial infarction with cardiac enzyme changes found in the blood (elevated CK-MB isoenzyme fraction or elevated troponins).
- Confirmatory imaging test such as a nuclear imaging test or echocardiogram that is consistent with a myocardial infarction.

Diagnosis must be made by a licensed cardiologist or another Doctor familiar with Heart Attack diagnosis.]

Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the Hospital on a pre-arranged basis, fully meets each of the following requirements:

- It is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located.
- It is under the supervision of a medical staff and has one or more Doctors available at all times.
- It provides 24 hours a day service by registered graduate nurses (RNs).
- It is not an institution or any part of an institution used as: a hospice unit, including any bed designated as a hospice or a swing bed; a convalescent home; a rest or nursing facility; a free-standing surgical center; a rehabilitative facility; an extended-care facility; a skilled nursing facility; or a facility primarily affording custodial, educational care, or care or treatment for persons suffering from mental diseases or disorders, or care for the aged, or drug or alcohol addiction.

[Infectious Disease means a severe infectious disease diagnosed by a Doctor expert in that field that results in You being confined to a Hospital for fourteen (14) or more consecutive days.

Examples include but are not limited to:

- Polio.
- Rabies.
- Meningitis.
- Lyme's Disease.
- Bovine spongiform encephalopathy (Mad Cow Disease).
- Flesh eating bacteria.
- Methicillin-resistant Staphylococcus aureus (MRSA).
- Sepsis.
- Tuberculosis.
- Bacterial pneumonia.]

Insured Person means a person who is eligible for coverage under the Policy, becomes covered according to the terms of the Policy, and whose coverage remains in effect according to the terms of the Policy.

[Leave of Absence means You are absent from Active Employment for a period of time under a leave granted in writing by the Employer that is in accordance with the Employer's formal leave policies. Your normal vacation time is not considered a Leave of Absence.]

[Major Organ Failure means a clinical diagnosis of a major organ failure of the liver, both lungs, pancreas or heart resulting in You being placed on the UNOS (United Network for Organ Sharing) list for a transplant.]

[Multiple Sclerosis means unequivocal diagnosis by a consultant neurologist following more than one episode of well-defined neurological symptoms and signs and confirmed by a neurological exam and MRI scan of the brain or spinal fluid analysis.

Symptoms must persist for 6 months to ensure that the condition is permanent.

Diagnosis must be made by a licensed neurologist or another Doctor familiar with Multiple Sclerosis diagnosis.]

[Occupational HIV] means contracting of HIV (Human Immunodeficiency Virus) caused by an accidental needle stick or other accidental sharp injury or accidental mucous membrane exposure to blood or bloodstained bodily fluid while at work and performing normal occupational duties. Such exposure must have occurred during the 12 months preceding the first diagnosis of HIV.]

[Parkinson's Disease] means a chronic, progressive neurodegenerative disorder characterized by any combination of four cardinal signs: rest tremor, rigidity, bradykinesia and gait disturbance.

Diagnosis of Parkinson's Disease must be made by a psychiatrist or neurologist or another Doctor trained in the diagnosis of Parkinson's Disease.]

[Permanent Paralysis] means total and permanent loss of the use of two or more limbs (arms or legs or combination) due to accident or sickness for a continuous period of at least 60 days.

Permanent Paralysis does not include paralysis as the result of a Stroke.

Diagnosis must be made by a licensed Doctor familiar with Permanent Paralysis diagnosis.]

[Plan of Coverage] means the Employer's benefit plan under the Policy as described by this Certificate.]

Policy means the written group insurance contract between Us and the Policyholder.

[Policyholder] means the Employer to whom the Policy is issued and who sponsors the coverage for its [Employees/Members].]

[Policyholder] means the entity to whom the Policy is issued.]

[Pre-Existing Condition] means a sickness, injury or physical condition which, within the [3-12] month period prior to Your coverage effective date, resulted in You receiving medical treatment, consultation, care or services (including diagnostic measures).]

[Skin Cancer] means tumor cells tending toward malignancy and which invade the underlying tissue.

The Skin Cancer diagnosis must be confirmed by a study of the suspect tissue in a pathologic specimen that meets the American Joint Committee on Cancer or the American Board of Pathology criteria.

Skin Cancer includes:

- Basal cell carcinoma and squamous cell;
- Carcinoma of the skin; and
- Melanoma that is diagnosed as Breslow's classification less than 0.75mm.

Skin Cancer does not include pre-malignant conditions or conditions with malignant potential.]

[Stroke] means an acute cerebral event including infarction of brain tissue, cerebral and subarachnoid hemorrhage, cerebral embolism and cerebral thrombosis. The diagnosis of Stroke shall be based on confirmatory neuroimaging studies and evidence of persistent neurological impairment confirmed by a neurologist or a Doctor familiar with the diagnosis of Stroke at least 30 days after the event.

Stroke does not include:

- Transient ischemic attacks (TIA).
- Ischemic disorders of the vestibular system.
- Brain injury related to trauma or infection.
- Brain injury associated with hypoxia/anoxia or hypotension.]

[Temporary Layoff] means You are absent from Active Employment for a period of time that has been agreed to in advance in writing by the Employer. Your normal vacation time is not considered a Temporary Layoff.]

We, Us and **Our** means ReliaStar Life Insurance Company.

You and **Your** means [an Employee/Member] who is eligible for coverage under the Policy.

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown on the SCHEDULE OF BENEFITS), the date You are eligible for coverage is the later of the following:

- The Policy effective date.
- The day after You complete Your Eligibility Waiting Period[, unless waived].

EFFECTIVE DATE OF COVERAGE

[[When the Employer pays 100% of the cost of Your coverage under the Policy,] You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.]

[[When You and the Employer share the cost of Your coverage under the Policy or when You pay 100% of the cost Yourself,] You will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for coverage, if You apply for coverage on or before that date.
- The [first day of the month following the] date You apply for coverage[, if You apply within [31-60] days after the date You become eligible for coverage].
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. You will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.]

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If You are eligible for and apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date You are eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage][, if You apply on or within [31-60] days after the date You become eligible for [Option 2 coverage]].
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to injury or sickness.
- [The [first day of the month following the] date We approve Your Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]

[EVIDENCE OF INSURABILITY]

Evidence of Insurability is required in any of these situations:

- [You are a late enrollee, which means You apply for coverage more than [31-60] days after the date You first become eligible for coverage under the Policy.]
- [You voluntarily canceled Your coverage and are reapplying.]
- [Your coverage lapsed for non-payment of premium and you are applying for reinstatement.]
- [You apply for more than the Guaranteed Issue Amount shown on the SCHEDULE OF BENEFITS when You first become eligible for coverage under the Policy.]
- [You apply to increase Your coverage by any amount during the Policy year.]
- [You apply to increase Your coverage by more than [\$1,000-50,000] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

[CHANGE OF INSURANCE CARRIERS]

If You are not in Active Employment due to injury or sickness [or Leave of Absence] [or Temporary Layoff] on the date the Employer changes insurance carriers to Our Policy, and You were covered under the prior policy [for at least [30-90] days] at the time the Employer's coverage under Our Policy became effective, We will provide continuity of coverage under Our Policy. In order for this provision to apply, the prior policy's coverage must be similar to Our Policy.

If You are not in Active Employment due to injury or sickness [or Leave of Absence] [or Temporary Layoff] on the effective date of Our Policy, and You would otherwise be eligible to become insured under Our Policy, We will provide limited coverage under Our Policy. Coverage under this provision will begin on Our Policy effective date and will continue until the earliest of the following:

- The [end of the month following the] date You return to Active Employment.
- The end of any period of continuance or extension provided under the prior policy.
- The date coverage would otherwise end, according to the provisions of Our Policy.

Your coverage under this provision is subject to payment of premiums.

Any benefits payable under this provision will be paid as if the prior policy had remained in force. We will reduce Our payment by any amount for which the prior carrier is liable.

If Your coverage ends under this provision, or if You were not covered under the Employer's prior policy on the date that policy terminated, the EFFECTIVE DATE OF COVERAGE provision under Our Policy will apply.]

[CREDIT FOR PRE-EXISTING CONDITIONS]

We may pay benefits if Your Critical Illness results from a Pre-Existing Condition if both of the following are true:

- You were insured for critical illness insurance under the Employer's prior policy at the time the Employer changed insurance carriers to Our Policy.
- You have been continuously covered under Our Policy from Our Policy effective date through the date the loss occurs.

In order to receive benefits, You must satisfy the Pre-Existing Condition provision under either Our Policy or under the prior policy, if benefits would have been paid had that policy remained in force.

If You satisfy the Pre-Existing Condition provision of Our Policy, We will determine Your benefits according to Our Policy's provisions.

If You do not satisfy the Pre-Existing Condition provision of Our Policy, but You do satisfy the prior policy's pre-existing condition provision, then both of the following apply:

- The benefit will be the lesser of:
 - the benefit that would have been payable under the terms of the prior policy had it remained in force.
 - the benefit under Our Policy.
- Benefits will end on the earlier of:
 - the date benefits end under Our Policy, as described under the TERMINATION OF COVERAGE provision.
 - the date benefits would have ended under the prior policy if it had remained in force.

If You do not satisfy either Our Policy's or the prior policy's Pre-Existing Condition provision, We will not make any payments.

We will require proof that You were insured under the prior policy. All other provisions of Our Policy will apply.]

[LEAVE OF ABSENCE

If You are on an Employer-approved leave of absence after coverage becomes effective under the Policy, and if premiums are paid, Your coverage may be continued beyond the date You are no longer in Active Employment, limited to the time periods described below.

[If You are on a Leave of Absence as described under the Family and Medical Leave Act of 1993 ("FMLA") or applicable state family and medical leave law ("State FML"), and the Employer's Human Resource Policy provides for continuation of the type of coverage provided under the Policy during an FMLA or State FML Leave of Absence, Your coverage will be continued until the end of the later of:

- The leave period permitted by the federal Family and Medical Leave Act of 1993 and any amendments.
- The leave period permitted by applicable state law.]

If You are on a Leave of Absence [other than an FMLA or State FML Leave of Absence,] and if premium is paid, Your coverage will be continued through the end of the [month] [1-12 months] [that immediately follows the month] in which the Leave of Absence begins.

[If You are on a Leave of Absence for active military service as described under the Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA) and applicable state law, Your coverage may be continued until the end of the later of:

- The length of time Your coverage may be continued under the Certificate for an FMLA or State FML Leave of Absence.
- The length of time Your coverage may be continued under the Certificate for a Leave of Absence other than an FMLA or State FML Leave of Absence.]

[If the Employer has approved more than one type of Leave of Absence for You during any one period that You are not in Active Employment, We will consider such leaves to be concurrent for the purpose of determining how long Your coverage may continue under the Policy.]

[If Your coverage is not continued during an FMLA or State FML Leave of Absence, and You return to Active Employment immediately following the end of the FMLA or State FML Leave of Absence, Your coverage will be reinstated effective the date You return to Active Employment. [We will not apply a new Eligibility Waiting Period, [or require Evidence of Insurability,] [or apply a new Pre-Existing Condition limitation].]]

[If Your coverage is not continued during a Leave of Absence for active military service, and You return to Active Employment, Your coverage may be reinstated in accordance with USERRA and applicable state law.]

In no event will Your coverage under the Policy be continued beyond the date Your coverage would otherwise end according to the terms of the TERMINATION OF COVERAGE provision.]

[TEMPORARY LAYOFF [OR LABOR STRIKE]

After Your coverage becomes effective under the Policy, if You are not in Active Employment due to a Temporary Layoff, and if premium is paid, You will be covered through the end of the [month] [1-12 months] [that immediately follows the month] in which the Temporary Layoff begins.

[After Your coverage becomes effective under the Policy, if You are not in Active Employment due to a labor strike, and if premium is paid, You will be covered through the end of the [month] [1-12 months] [that immediately follows the month] in which the labor strike begins.]]

TERMINATION OF COVERAGE

Your coverage under the Policy ends on the earliest of the following dates:

- The date the Policy terminates.
- The date You are no longer in an eligible class.
- The date Your eligible class is no longer covered.
- [The date You voluntarily cancel Your coverage.]
- [The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.]
- The end of the Policyholder's grace period, if the Policyholder does not remit premium to Us by the end of such period.
- The last day You are in Active Employment [except as provided under a covered Leave of Absence [or Temporary Layoff] [or labor strike].]

We will provide coverage for a payable claim that occurs while You are covered under the Policy.

[POLICY TERMINATION

The Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy for any of the following reasons:

- [There is less than [5-100%] participation of those eligible persons who pay all or part of their premium for the Policy.]
- [There is less than 100% participation of those eligible persons for a Policyholder paid plan.]
- The Policyholder does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es) as a result of a corporate transaction such as a merger, divestiture, acquisition, sale or reorganization of the Policyholder and/or its persons.
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy is terminated, the termination will not affect a payable claim.]]

[POLICY TERMINATION

The Policy or an Employer's Plan of Coverage under the Policy can be terminated either by Us or by the Policyholder.

We may terminate the Policy or an Employer's Plan of Coverage under the Policy for any of the following reasons:

- The Policyholder or Employer does not promptly provide Us with information that is reasonably required.
- Fewer than [10-100] persons are insured under the Policy.
- The premium is not paid in accordance with the provisions of the Policy.
- We determine that there is a significant change in the size, occupation or age of the eligible class(es).
- [We stop providing the type of coverage under this Policy to all groups in the Policy issue state.]

We reserve the right to review and terminate all class(es) covered under the Policy if any class(es) cease(s) to be covered.

If the Policyholder fails to pay the full premium due by the end of the grace period, the Policy will terminate according to the GRACE PERIOD provision.

If We terminate the Policy or an Employer's Plan of Coverage under the Policy for reasons other than the Policyholder's failure to pay premiums, written notice will be mailed to the Policyholder at least [60-90] days prior to the termination date.

The Policyholder may terminate the Policy or an Employer's Plan of Coverage under the Policy by written notice delivered to Us at Our home office prior to the termination date. When both the Policyholder and We agree, the Policy or an Employer's Plan of Coverage under the Policy can be terminated on an earlier date.

If the Policyholder or We terminate the Policy or an Employer's Plan of Coverage under the Policy, coverage will end at 12:00 midnight standard time at the Policyholder's address on the termination date.

If the Policy or an Employer's Plan of Coverage under the Policy is terminated, the termination will not affect a payable claim.]

[PORTABILITY

Portability means You have the option to continue Your coverage after it would otherwise terminate, if certain conditions are met. [You must elect portability before You reach age [60-85]]. [You must have been continuously covered for [3-12] consecutive months under the Policy in order to apply for portability.]

To continue Your coverage, You must apply for portability and pay the first premium within [31-90] days of the date Your coverage would otherwise terminate due to any of the following:

- You [retire or] terminate employment with the Employer, if coverage remains in effect under the Policy for other Insured Persons.
- The Policyholder terminates coverage under the Policy for all Insured Persons, and does not replace it with a similar insurance plan.
- You are no longer eligible for coverage under the Policy.

[You can decrease but not increase the ported coverage amount.] Ported coverage is subject to all the terms of the Policy and this Certificate [except that the Certificate's REINSTATEMENT provision does not apply].

Premiums will be billed directly to You. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time You apply for portability. We may change the portability premium rates at any time upon [31-90] days written notice to You.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which You paid premiums, if You stop making a required premium contribution, subject to the grace period.
- The date You die.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

GRACE PERIOD

The Policyholder has a grace period of [31-90] days for the payment of any premium due except the first. During the grace period the Policy will remain in force. If full payment is not received by Us by the end of the grace period, the Policy will automatically terminate at the end of the grace period. The Policyholder is required to pay a pro rata premium for any period the Policy was in force during the grace period. There is no grace period if the Policyholder gives Us advance written notice of termination, or if We have given the Policyholder advance written notice of termination as described under the POLICY TERMINATION provision.

[If You are on portability,] [You also have a grace period of [31-90] days for the payment of any premium due. During the grace period Your coverage will remain in force. If full payment is not received by Us by the end of the grace period, Your coverage will automatically terminate at the end of the grace period. A pro rata premium payment is required for any period Your coverage was in force during the grace period.]

[REINSTATEMENT

If [You are on portability and] Your coverage terminates for nonpayment of premiums, You may apply for reinstatement to have Your coverage put back in force. Such application must be received by Us within [3-12] months of the date Your coverage terminated. [Evidence of Insurability acceptable to Us will be required.] If We approve the application, We will reinstate Your coverage with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay benefits for a Critical Illness that is diagnosed after the effective date of reinstatement. Benefits are not payable for a Critical Illness that is diagnosed between the original termination date and the date We approve Your application for reinstatement.]

REPRESENTATIONS NOT WARRANTIES

We consider any statements the Policyholder [and the Employer] and You make in an application to be representations and not warranties. No statements made by You will be used to reduce or deny any claim or to cancel Your coverage unless both of the following are true:

- The statement is in writing and is signed by You.
- A copy of that statement is given to You, Your beneficiary or Your personal representative.

INCONTESTABILITY

Except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made after the coverage has been in force for two years during Your lifetime.

[After Your coverage has been in force during Your lifetime for two years from the effective date of any reinstatement, except in the case of fraud, no statement made by You in an application relating to Your insurability will be used to contest the insurance for which the statement was made.]

[Beyond the periods stated in the PRE-EXISTING CONDITION LIMITATION provision, no claim shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of Your coverage.]

CLERICAL ERROR

Clerical error or omission by Us or by the Policyholder [or the Employer] will not:

- Prevent You from receiving coverage, if You are entitled to coverage under the terms of the Policy.
- Cause coverage to begin or continue for You when the coverage would not otherwise be effective.

If the Policyholder [or the Employer] gives Us information about You that is incorrect, We will do both of the following:

- Use the facts to decide whether You are eligible for coverage under the Policy and in what amounts.
- Make a fair adjustment of the premium.

MISSTATEMENT OF AGE [OR TOBACCO USE STATUS]

If premiums are based on Your age [or tobacco use status] and You have misstated Your age [or tobacco use status], We will make a fair adjustment of benefits to reflect the amount that the premium paid would have purchased at Your true age [or tobacco use status]. We may require satisfactory proof of Your age before paying any claim.

[OTHER INSURANCE WITH US]

You may only have one Policy or Certificate, elected by You, that provides Critical Illness benefits through Us. If more than one Policy or Certificate is issued by Us, only one Policy or Certificate will remain in force and the premiums for the other(s) will be refunded.]

ASSIGNMENT

No assignment of benefits under the Policy is valid, unless otherwise specified in the Policy.

AGENCY

For purposes of the Policy, the Policyholder [and the Employer] acts on [its] [their] own behalf or as Your agent. Under no circumstances will the Policyholder [or the Employer] be deemed Our agent.

CONSUMER NOTICE

Our nearest servicing office is in [Minneapolis, Minnesota].

Address: [20 Washington Avenue South, Minneapolis, Minnesota 55401]

Telephone Number: [1-800-537-5024]

If We fail to provide You with reasonable and adequate service, You should feel free to contact:

Arkansas Insurance Department

[Consumer Services Division

1200 West Third Street

Little Rock, Arkansas 72201-1904

(501) 371-2640 or (800) 852-5494]

CONFORMITY WITH STATE STATUTES

Any provision of the Policy which, on the Policy effective date and each subsequent Policy anniversary date, conflicts with any law that applies in the jurisdiction where the Policy is issued, is automatically amended to conform to the minimum requirements of such law.

CHANGES TO POLICY OR CERTIFICATE

No agent, representative or employee of Ours or of any other entity may change or waive the terms of the Policy, or of any Certificate or rider issued under it, except in a writing signed by one of Our executive officers and endorsed or attached to the Policy.

If there is a conflict between the terms of this Certificate or any attached rider and the Policy, the Policy controls.

CRITICAL ILLNESS BENEFITS

[Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS.]

[Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS for **each** Critical Illness.]

[Benefits are payable up to the maximum benefit amount shown on the SCHEDULE OF BENEFITS for **each** module. Payment of the full benefit amount from one module will not impact the available maximum benefit amount for the other module.]

[Any partial benefits paid will reduce the available maximum benefit amount [for that module]. [Partial benefit amounts for [Coronary Artery Bypass] [and] [Carcinoma In Situ] will not be reduced.]] [Any partial benefits paid will not reduce the available maximum benefit amount [for that module.]]

[CRITICAL ILLNESS MODULE]

[We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS [for the Critical Illness module] as follows:

BENEFITS FOR COMA, END STAGE RENAL (KIDNEY) FAILURE, HEART ATTACK, PERMANENT PARALYSIS and STROKE are payable when We receive due proof of such condition which is [first] diagnosed after Your coverage effective date [(including the effective date of any changes to coverage)].]

[BENEFITS FOR MAJOR ORGAN FAILURE are payable when We receive due proof of a Major Organ Failure which is [first] diagnosed after [You have satisfied the Benefit Waiting Period] [Your coverage effective date [(including the effective date of any changes to coverage)]]].

If You are on the UNOS (United Network for Organ Sharing) list for a combined transplant only one benefit will be payable.

Failure of the function of the kidney, resulting in You being placed on the UNOS list, is payable under the End Stage Renal (Kidney) Failure benefit.]

[BENEFITS FOR CORONARY ARTERY BYPASS are payable when We receive due proof of Coronary Artery Bypass which is diagnosed after Your coverage effective date [(including the effective date of any changes to coverage)].]

[MODULE A

We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS for module A as follows:]

[BENEFITS FOR DEAFNESS, BLINDNESS and BENIGN BRAIN TUMOR are payable when We receive due proof of such condition which is [first] diagnosed after Your coverage effective date [(including the effective date of any changes to coverage)].]

[BENEFITS FOR OCCUPATIONAL HIV are payable when We receive due proof of such condition which is diagnosed after Your coverage effective date [(including the effective date of any changes to coverage)]. The accident must be reported in accordance with the established occupational procedures for such accidents. You must have undergone a blood test within five days of the accident. Such test must indicate the absence of HIV or antibodies to such a virus. The accident follow-up must include a subsequent blood test within 12 months following the accidental exposure indicating the presence of HIV or antibodies to such a virus.

The date of diagnosis of Occupational HIV is the date on which the follow-up blood test results are received.]

[MODULE B

We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS for module B as follows:]

[BENEFITS FOR MULTIPLE SCLEROSIS, AMYOTROPIC LATERAL SCLEROSIS (ALS), ALZHEIMER'S DISEASE and INFECTIOUS DISEASE are payable when We receive due proof of such condition which is [first] diagnosed after Your coverage effective date [(including the effective date of any changes to coverage)].]

[Infectious Disease benefits are not paid unless You are confined to a Hospital for fourteen (14) or more consecutive days.]

[BENEFITS FOR PARKINSON'S DISEASE are payable when You are diagnosed as incapacitated after Your coverage effective date [(including the effective date of any changes to coverage)] or You become incapacitated, meaning:

- Exhibiting 2 or more of the following clinical manifestations:
 - Muscle rigidity;
 - Tremor; and
 - Bradykinesia (abnormal slowness of movement, sluggishness of physical and mental responses); and
- Resulting in the inability to perform independently 2 or more of the following activities of daily living:
 - Eating.
 - Bathing.
 - Dressing.
 - Toileting.
 - Transferring.
 - Maintaining continence.]

[CANCER MODULE

We will pay the maximum benefit amount shown on the SCHEDULE OF BENEFITS for the Cancer module as follows:]

[BENEFITS FOR CANCER AND SKIN CANCER are payable when We receive due proof of Cancer which is [first] diagnosed after [You have satisfied the Benefit Waiting Period] [Your coverage effective date [(including the effective date of any changes to coverage)]]].]

[BENEFITS FOR CARCINOMA IN SITU are payable when We receive due proof of Carcinoma In Situ which is diagnosed after [You have satisfied the Benefit Waiting Period] [Your coverage effective date [(including the effective date of any changes to coverage)]]].]

[Benefits reduce 50% on [Your 70th birthday] [the Policy anniversary following Your 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following Your coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

NOTICE OF CLAIM

Written notice of Your claim should be given to Us within 30 days after the date of loss. The notice may be given to Us at Our home office or to Our authorized agent or administrator. Failure to give notice within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such notice within that time and the notice was given as soon as reasonably possible.

The claim form is available from the Employer or You can request a claim form from Us. If You do not receive the form from Us within 15 days of Your request, You may send Us written proof of claim without waiting for the form. If such written proof of claim covers the occurrence, character and extent of the loss within the time period below for proof of claim, You will be deemed to have complied with the requirements for providing proof of claim.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PROOF OF CLAIM

You must send Us written proof of Your claim within 90 days after the date of loss. Failure to give such proof within this timeframe will not invalidate or reduce any payable claim if it can be shown that it was not reasonably possible to give such proof within that time, and the proof was given as soon as reasonably possible. However, in any event, You must provide proof of claim no later than 1 year after the time proof is otherwise required, except in the absence of legal capacity.

PHYSICAL EXAMINATION

We may require You to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while Your claim is pending. [We may also require You to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your death will be paid to Your estate.

LEGAL ACTION

You can start legal action regarding a claim no earlier than 60 days after written proof of claim has been given to Us, and no later than three years from the time proof of claim is required, unless otherwise provided under federal law. Nothing in this provision waives, extends or tolls any applicable statute of limitations governing any claim relating in any way to Your coverage.

SPOUSE CRITICAL ILLNESS RIDER

RELIASTAR LIFE INSURANCE COMPANY [20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[SPOUSE: [Jane Q. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Salaried Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of coverage under this Spouse Critical Illness Rider.]

[You and the Employer share the cost of coverage under this Spouse Critical Illness Rider.]

[You pay the cost of coverage under this Spouse Critical Illness Rider.]

[[Option 1/Core]: The Employer pays the cost of coverage under this Spouse Critical Illness Rider.]

[[Option 2/Buyup]: You and the Employer share the cost of coverage under this Spouse Critical Illness Rider.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]]

MAXIMUM BENEFIT AMOUNT

[\$1,000-500,000]

[Choice of [\$1,000-500,000] or [\$1,000-500,000] [or] [\$1,000-500,000]]

[Choice of [\$1,000-499,000] to [\$2,000-500,000] in [\$1,000-10,000] increments]

[[Option 1/Core]: [\$1,000-100,000]]

[[Option 2/Buyup]: [\$2,000-500,000]]

[GUARANTEED ISSUE AMOUNT

[\$1,000-100,000]]

CRITICAL ILLNESS BENEFITS

The benefit percentages for Your Spouse are the same as the benefit percentages for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Spouse's Critical Illness.

[Benefits under this Spouse Critical Illness Rider will reduce 50% on [Your 70th birthday] [Your Spouse's 70th birthday] [the Policy anniversary following Your 70th birthday] [the Policy anniversary following Your Spouse's 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Spouse.

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that Your Spouse must be insured under this Spouse Critical Illness Rider before any benefits are payable.]

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.] Any reference to marriage includes establishment of a domestic partnership or civil union. Any reference to divorce includes termination of a domestic partnership or civil union.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Spouse [under age [65-80]] is eligible under this Spouse Critical Illness Rider on the latest of the following:

- The Policy effective date.
- The date this Spouse Critical Illness Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.
- The date of Your marriage.

If Your Spouse is covered under the Policy as [an Employee/Member], then Your Spouse is not eligible for coverage under this Spouse Critical Illness Rider.

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Spouse Critical Illness Rider,] Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the date Your Spouse is eligible for coverage.]

[[When You and the Employer share the cost of coverage under this Spouse Critical Illness Rider or when You pay 100% of the cost Yourself,] Your Spouse will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Spouse is eligible for coverage, if You apply for Spouse coverage on or before that date.
- The [first day of the month following the] date You apply for Spouse coverage, if You apply within [31-60] days after the date You become eligible for Spouse coverage.
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. Your Spouse will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date Your Spouse is eligible for coverage.

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If Your Spouse is eligible for and You apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Spouse is eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage], if You apply on or within [31-60] days after the date Your Spouse becomes eligible for [Option 2 coverage].
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Spouse's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Spouse's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to injury or sickness.
- [The [first day of the month following the] date We approve Your Spouse's Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]

[EVIDENCE OF INSURABILITY]

Evidence of Insurability is required in any of these situations:

- [You apply for this Spouse Critical Illness Rider at any time.]
- [You are a late enrollee, which means You apply for Spouse coverage more than [31-60] days after the date Your Spouse first becomes eligible for coverage under this Spouse Critical Illness Rider.]
- [You voluntarily canceled this Spouse Critical Illness Rider and are reapplying.]
- [You apply for more than the Guaranteed Issue Amount of Spouse coverage when Your Spouse first becomes eligible for coverage under this Spouse Critical Illness Rider.]
- [You apply to increase Your Spouse coverage by any amount during the Policy year.]
- [You apply to increase Your Spouse coverage by more than [\$1,000-20,000] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your Spouse coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

TERMINATION

This Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Spouse Critical Illness Rider is terminated for all Insured Persons under the Policy.
- [The date you voluntarily cancel this Spouse Critical Illness Rider.]
- The date Your Spouse is no longer an eligible Spouse as defined by this rider. [See the PORTABILITY FOLLOWING DEATH OR DIVORCE provision below.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.

[PORTABILITY]

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Spouse Critical Illness Rider can also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE]

If You die or divorce, Your Spouse can apply to continue Spouse coverage if certain conditions are met. Your Spouse must have been insured under Your Spouse Critical Illness Rider on the date of Your death or divorce, [Your Spouse must be under age [60-85]] and Your Spouse must apply for portability and pay the first premium within [31-90] days of the date of Your death or divorce.

If Your Spouse is approved by Us for portability, Your Spouse will become the owner of the Spouse coverage that was previously provided under Your Spouse Critical Illness Rider. [Your Spouse can decrease but not increase the ported coverage amount.] Ported coverage is subject to all the terms of the Policy and Certificate [except that the Certificate's REINSTATEMENT provision does not apply].

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon [31-90] days written notice to Your Spouse.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

[REINSTATEMENT]

If Your coverage is reinstated under the Certificate's REINSTATEMENT provision, then you may apply for reinstatement of this Spouse Critical Illness Rider at the same time. This rider may be reinstated only if the Certificate is in force. Evidence of Insurability acceptable to Us for Your Spouse must be provided. If We approve the application, We will reinstate this rider with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay benefits for a Critical Illness that is diagnosed after the effective date of reinstatement. Benefits are not payable for a Critical Illness that is diagnosed between the original termination date and the date We approve Your application for reinstatement.]

CRITICAL ILLNESS BENEFITS

The benefits for Your Spouse are the same as the benefits for You as shown in the CRITICAL ILLNESS BENEFITS section of the Certificate, based on Your Spouse's Critical Illness.

Payment of any benefits for Your Spouse's Critical Illness will not impact the available maximum benefit amount for Your Critical Illness. Payment of any benefits for Your Critical Illness will not impact the available maximum benefit amount for Your Spouse's Critical Illness.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

[PRE-EXISTING CONDITION LIMITATION]

For the first [3-12] months following Your Spouse's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your Spouse's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Spouse to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require Your Spouse to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Spouse Critical Illness Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Spouse's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



President



Secretary

CHILDREN'S CRITICAL ILLNESS RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Salaried Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

[The Employer pays the cost of coverage under this Children's Critical Illness Rider.]

[You and the Employer share the cost of coverage under this Children's Critical Illness Rider.]

[You pay the cost of coverage under this Children's Critical Illness Rider.]

[[Option 1/Core]: The Employer pays the cost of coverage under this Children's Critical Illness Rider.]

[[Option 2/Buyup]: You and the Employer share the cost of coverage under this Children's Critical Illness Rider.]

[BENEFIT WAITING PERIOD

[None] [A continuous period of [1-60] days.]]

MAXIMUM BENEFIT AMOUNT

[\$1,000-20,000]

[Choice of [\$1,000-20,000] or [\$1,000-20,000] [or] [\$1,000-20,000]]

[Choice of [\$1,000-19,000] to [\$2,000-20,000] in [\$1,000-10,000] increments]

[[Option 1/Core]: [\$1,000-20,000]]

[[Option 2/Buyup]: [\$2,000-20,000]]

[GUARANTEED ISSUE AMOUNT

[\$1,000-10,000]]

CRITICAL ILLNESS BENEFITS

The benefit percentages for Your Children are the same as the benefit percentages for You as shown in the SCHEDULE OF BENEFITS section of the Certificate, based on Your Child's Critical Illness.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate regarding medical conditions and eligibility apply to Your Children.

[Additional Child Disease] means in addition to the benefits provided for Critical Illnesses as defined in the Certificate, this Children's Critical Illness Rider also covers the following child diseases:

Cerebral Palsy, Congenital Birth Defects, Cystic Fibrosis and Down Syndrome.]

[Benefit Waiting Period] means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Child must be insured under this Children's Critical Illness Rider before any benefits are payable for that Child.]

[Cerebral Palsy] means a group of disorders of the development of movement and posture causing activity limitation that are attributed to progressive disturbances that occurred in the developing fetal or infant brain. The motor disorders of Cerebral Palsy are often accompanied by disturbances of sensation, cognition, communication, perception and/or behavior and/or by a seizure disorder.

Diagnosis must be made by a pediatrician or other Doctor familiar with and trained to make a diagnosis of Cerebral Palsy.]

Child or Children means Your [unmarried] natural or adopted child or stepchild from birth to [23-30] years of age.

This definition includes a Child of Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes a Child of Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.]

This definition includes Your Child age [23-30] or older who remains dependent on You for support and maintenance because that Child is incapable of working due to physical or mental handicap. Written proof of the Child's incapacity must be furnished to Us at our home office.

[Congenital Birth Defects] means the malformation of an organ or organ system that results in the newborn Child being confined to a Hospital for thirty (30) or more consecutive days beginning within the first week after birth.

Examples include but are not limited to the following:

- Heart defects.
- Lung defects.
- Spina Bifida.
- Cleft lip or palate.
- Limb malformations.
- Developmental disorders of the brain.

Congenital Birth Defects includes a newborn Child who is born with Blindness.

Congenital Birth Defects does not include prematurity.]

[Cystic Fibrosis] means a definite diagnosis of cystic fibrosis by a licensed family practitioner, pediatrician or pulmonologist where the Child has chronic lung disease and pancreatic insufficiency. The diagnosis made via a sweat test should be based upon sweat chloride concentrations greater than 60 mmol/L on two independent tests.]

[Down Syndrome] means diagnosis of down syndrome through a study of the 21st chromosome.

Down Syndrome includes:

- Trisomy 21 – an individual has three instead of two #21 chromosomes.
- Translocation – an extra part of the 21st chromosome is attached to another chromosome.
- Mosaicism – the individual has an extra 21st chromosome in only some of the cells but not all of them. The other cells have the usual pair of 21st chromosomes.

Diagnosis must be confirmed by a Doctor familiar with Down Syndrome diagnosis.]

Spouse means Your lawful spouse. It includes Your domestic partner or civil union partner who is recognized as equivalent to a Spouse in the state with governing jurisdiction of the Policy. [It also includes Your domestic partner as defined by the Employer if You have completed and signed [an affidavit] [a declaration] of domestic partnership on a form acceptable to the Employer.] Any reference to marriage includes establishment of a domestic partnership or civil union.

GENERAL PROVISIONS

ELIGIBILITY

If You are covered under the Policy, then Your Children are eligible under this Children's Critical Illness Rider on the latest of the following:

- The Policy effective date.
- The date this Children's Critical Illness Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.
- The date you acquire a Child by marriage, birth or adoption.

[If You have coverage under this Children's Critical Illness Rider and You acquire a new eligible Child due to birth, marriage or adoption, then the newly eligible Child will be covered automatically from the date of the event.]

[If You have coverage under this Children's Critical Illness Rider and You acquire a new eligible Child due to birth, marriage or adoption, then You may apply for coverage on that Child under this rider [within [31-60] days after the event] [without providing Evidence of Insurability].]

If Your Child is covered under the Policy as [an Employee/Member], then Your Child is not eligible for coverage under this Children's Critical Illness Rider.

[If both You and Your Spouse are covered under the Policy as [an Employee/Member], then only one, but not both, may cover the same Children under his/her Children's Critical Illness Rider. If the parent who is covering the Children stops being insured as [an Employee/Member] then the other parent may apply for Children's coverage under this rider [within [31-60] days] [without providing Evidence of Insurability].]

EFFECTIVE DATE

[[When the Employer pays 100% of the cost of coverage under this Children's Critical Illness Rider,] Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the date Your Children are eligible for coverage.]

[[When You and the Employer share the cost of coverage under this Children's Critical Illness Rider or when You pay 100% of the cost Yourself,] Your Children will be covered at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for coverage, if You apply for Children's coverage on or before that date.
- The [first day of the month following the] date You apply for Children's coverage, if You apply within [31-60] days after the date You become eligible for Children's coverage.
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[Option 1 coverage:] The Employer pays 100% of the cost of [Option 1 coverage]. Your Children will automatically be covered for the [Option 1] amount shown in the SCHEDULE OF BENEFITS at 12:01 a.m. standard time at the Policyholder's address on the date Your Children are eligible for coverage.

[Option 2 coverage:] You and the Employer share the cost of [Option 2 coverage.] If Your Children are eligible for and You apply for [Option 2 coverage,] then [Option 2 coverage] will be effective at 12:01 a.m. standard time at the Policyholder's address on the latest of the following:

- The date Your Children are eligible for [Option 2 coverage], if You apply for [Option 2 coverage] before that date.
- The [first day of the month following the] date You apply for [Option 2 coverage], if You apply on or within [31-60] days after the date Your Children become eligible for [Option 2 coverage].
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment when Your Children's coverage would otherwise become effective. **Exception:** Coverage starts on a non-working day if You were in Active Employment on Your last scheduled working day before the non-working day. Non-working days include time off for the following: vacations, personal holidays, weekends and holidays, [approved nonmedical Leave of Absence] and paid time off for nonmedical-related absences.]

[EFFECTIVE DATE OF CHANGES TO COVERAGE

Once Your Children's coverage begins, any increased or additional coverage will take effect on the latest of the following:

- The [first day of the month following the] date of the increased or additional coverage, if You are in Active Employment [or if You are on a covered [Temporary Layoff or] Leave of Absence].
- The [first day of the month following the] date You return to Active Employment, if You are not in Active Employment due to injury or sickness.
- [The [first day of the month following the] date We approve Your Children's Evidence of Insurability, if Evidence of Insurability is required.]

Any decrease in coverage will take effect [immediately] [at the end of the month] but will not affect a payable claim that occurs prior to the decrease.]

[EVIDENCE OF INSURABILITY

Evidence of Insurability is required in any of these situations:

- [You apply for this Children's Critical Illness Rider at any time.]
- [You are a late enrollee, which means You apply for Children's coverage more than [31-60] days after the date Your Children first become eligible for coverage under this Children's Critical Illness Rider.]
- [You voluntarily canceled this Children's Critical Illness Rider and are reapplying.]
- [You apply for more than the Guaranteed Issue Amount of Children's coverage when Your Children first become eligible for coverage under this Children's Critical Illness Rider.]
- [You apply to increase Your Children's coverage by any amount during the Policy year.]
- [You apply to increase Your Children's coverage by more than [\$1,000-10,000] during [an annual] [a scheduled] enrollment period.]
- [You apply to increase Your Children's coverage by more than [one-two] benefit level[s] during [an annual] [a scheduled] enrollment period.]]

TERMINATION

Coverage for each Child ends on the earliest of the following:

- The date this Children's Critical Illness Rider terminates.
- The date the Child reaches age [23-30], unless he/she is handicapped as defined under the definition of Child. Coverage of a handicapped Child ends when the Child is no longer dependent on You for support and maintenance.

This Children's Critical Illness Rider terminates on the earliest of the following:

- The date Your Certificate terminates.
- The date the Children's Critical Illness Rider is terminated for all Insured Persons under the Policy.
- [The date you voluntarily cancel this Children's Critical Illness Rider.]
- The date You no longer have any eligible Children covered under this rider. [See the PORTABILITY FOLLOWING DEATH provision below.]
- The end of the period for which premiums are paid, if the next required premium contribution is not paid, subject to the grace period.
- [Your [70th-80th] birthday.][The Policy anniversary following Your [70th-80th] birthday.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Children's Critical Illness Rider can also be continued during portability.]

[PORTABILITY FOLLOWING DEATH

If You die and Your Spouse is approved by Us for portability under the Spouse Critical Illness Rider, then this Children's Critical Illness Rider can be continued under Your Spouse's coverage. [The ported coverage amount under this rider will be [10-50%] of Your Spouse's ported coverage amount.] Following portability of this rider, Children may be covered only if they would have been eligible for coverage under the eligibility rules in force prior to the death of the [Employee/Member].

Premiums will be billed directly to Your Spouse. Continued premium payment is required to keep coverage in force. The initial premium will be based on the portability premium rates in effect at the time Your Spouse applies for portability. We may change the portability premium rates at any time upon [31-90] days written notice to Your Spouse.

Coverage continued under this provision will end on the earliest of the following:

- The end of the period for which Your Spouse paid premiums, if Your Spouse stops making a required premium contribution, subject to the grace period.
- The date Your Spouse dies.
- The date there are no longer any eligible Children covered under this rider.
- [The date the Policy terminates and coverage for all Insured Persons under the Policy terminates, upon [60-90] days written notice of termination.]]

[REINSTATEMENT]

If Your coverage is reinstated under the Certificate's REINSTATEMENT provision, then you may apply for reinstatement of this Children's Critical Illness Rider at the same time. This rider may be reinstated only if the Certificate is in force. [Evidence of Insurability acceptable to Us for Your Children must be provided.] If We approve the application, We will reinstate this rider with a new effective date of reinstatement. Payment of any unpaid premiums that were due before the original termination date will be required. The reinstated coverage will only pay a benefit for a Critical Illness that is diagnosed after the effective date of reinstatement. Benefits are not payable for a Critical Illness that is diagnosed between the original termination date and the date We approve Your application for reinstatement.]

CRITICAL ILLNESS BENEFITS

The benefits for Your Children are the same as the benefits for You as shown in the CRITICAL ILLNESS BENEFITS section of the Certificate, based on Your Child's Critical Illness [or an Additional Child Disease]. Benefits are payable for each covered Child.

Payment of any benefits for Your Child's Critical Illness will not impact the available maximum benefit amount for Your Critical Illness. Payment of any benefits for Your Critical Illness will not impact the available maximum benefit amount for Your Child's Critical Illness.

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness [or Additional Child Disease] caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

[No benefit is payable for [Carcinoma in Situ] [or] [Coronary Artery Bypass].]

[PRE-EXISTING CONDITION LIMITATION]

For the first [3-12] months following Your Child's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and Your Child's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require Your Child to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require You to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Children's Critical Illness Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of Your Child's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



President



Secretary

WELLNESS BENEFIT RIDER

RELIASTAR LIFE INSURANCE COMPANY [20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Hourly Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Wellness Benefit Rider is automatically included in the cost of Your coverage.

[BENEFIT WAITING PERIOD

There is no Benefit Waiting Period under this Wellness Benefit Rider.]

[BENEFIT WAITING PERIOD

A continuous period of [1-60] days.]

WELLNESS BENEFIT

[You:] [\$5-200]

[Your Spouse: [\$5-200]]

[Your Child: 50% of Your wellness benefit amount, to a maximum of [\$100-500] for all Children in one calendar year]

[CONSECUTIVE WELLNESS BENEFIT

[You:] [\$10-200]

[Your Spouse: [\$10-200]]

[Your Child: 50% of Your consecutive wellness benefit amount, to a maximum of [\$100-500] for all Children in one calendar year]]

[Benefit reductions due to age do not apply to this Wellness Benefit Rider.]

DEFINITIONS

General terms are defined in the DEFINITIONS section of the Certificate [and riders].

[Benefit Waiting Period means the continuous period of time (shown in the SCHEDULE OF BENEFITS) that each Covered Person must be insured under this Wellness Benefit Rider before any benefits are payable for that Covered Person.]

Covered Person means:

- You, if You are covered for Critical Illness insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Critical Illness Rider.]
- [Your Children who are covered under Your Children's Critical Illness Rider.]

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to "You" and "Your" will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate's SCHEDULE OF BENEFITS), You are eligible for this Wellness Benefit Rider on the latest of the following dates:

- The Policy effective date.
- The date this Wellness Benefit Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder's address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Wellness Benefit Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Wellness Benefit Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse's coverage, the date the Spouse Critical Illness Rider terminates.]
- [For each Child's coverage, the date Your Child's coverage under the Children's Critical Illness Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Wellness Benefit Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Critical Illness Rider, then this Wellness Benefit Rider can also be continued under Your Spouse's coverage.]

[REINSTATEMENT]

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Wellness Benefit Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this Wellness Benefit Rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a covered health screening test that occurs after the effective date of reinstatement. Benefits are not payable for a health screening test that occurs between the original termination date and the date We approve Your application for reinstatement.]

[ASSIGNMENT]

At the time of claim under this Wellness Benefit Rider, You can assign the payment of a benefit under this rider to a third party who is not the Policyholder.]

BENEFITS

[Following satisfaction of the Benefit Waiting Period,] We will pay You a wellness benefit (shown on the SCHEDULE OF BENEFITS) if a Covered Person has a health screening test.

[If a Covered Person has health screening tests that are covered under this Wellness Benefit Rider two calendar years in a row, We will pay You a consecutive wellness benefit (shown on the SCHEDULE OF BENEFITS) in the second year instead of a wellness benefit. The health screening tests do not need to be the same test. Once a consecutive wellness benefit is paid for a Covered Person, all future benefits under this Wellness Benefit Rider for that Covered Person will be payable at the consecutive wellness benefit amount.]

A wellness benefit [or a consecutive wellness benefit] is payable only once per calendar year per Covered Person.

Health screening tests include, but are not limited to:

- Blood test for triglycerides
- Flexible sigmoidoscopy
- Bone marrow testing
- Hemoccult stool analysis
- Breast ultrasound
- Mammography
- CA 15-3 (breast cancer)
- Fasting blood glucose test
- PSA (prostate cancer)
- Pap smear
- CEA (blood test for colon cancer)
- Serum cholesterol test for HDL & LDL levels
- Serum Protein Electrophoresis (myeloma)
- Chest x-ray
- Colonoscopy
- Stress test on bicycle or treadmill
- Thermography

EXCLUSIONS AND LIMITATIONS

The EXCLUSIONS AND LIMITATIONS section of the Certificate [and riders] does not apply to this Wellness Benefit Rider.

CLAIMS

Additional general claims provisions are described in the CLAIMS section of the Certificate. The PHYSICAL EXAMINATION provision does not apply to this Wellness Benefit Rider.


FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

BENEFIT PAYMENTS

Benefits under this Wellness Benefit Rider are payable to You unless otherwise specified. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



President



Secretary

RECURRENCE RIDER

RELIASTAR LIFE INSURANCE COMPANY [20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]
GROUP POLICY NUMBER: [12345-6CCI]
[EMPLOYER: [XYZ Company]]
[INSURED PERSON: [John S. Doe]]
[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Salaried Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Recurrence Rider is automatically included in the cost of Your coverage.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding medical conditions and eligibility apply to each Covered Person.

Covered Person means:

- You, if You are covered for Critical Illness insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Critical Illness Rider.]
- [Your Children who are covered under Your Children's Critical Illness Rider.]

Date of Recurring Diagnosis means the date while this Recurrence Rider is in force when a Recurring Critical Illness benefit would be payable under the Policy.

Recurring Critical Illness means a Critical Illness included in the [Certificate [or Rider]] [Critical Illness module] [or module A] [or module B], for which a benefit has already been paid, following a period of [6-12] consecutive months during which both of the following are true:

- The Covered Person has had no occurrence of any Critical Illness listed in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B].
- The Covered Person was free of the condition(s) listed in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B] for which benefits were previously paid.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to “You” and “Your” will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate’s SCHEDULE OF BENEFITS), You are eligible for this Recurrence Rider on the latest of the following dates:

- The Policy effective date.
- The date this Recurrence Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder’s address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Recurrence Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Recurrence Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse’s coverage, the date the Spouse Critical Illness Rider terminates.]
- [For each Child’s coverage, the date Your Child’s coverage under the Children’s Critical Illness Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate’s PORTABILITY provision, then this Recurrence Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Critical Illness Rider, then this Recurrence Rider can also be continued under Your Spouse’s coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate’s REINSTATEMENT provision, and this Recurrence Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a Critical Illness that is diagnosed after the effective date of reinstatement. Benefits are not payable for a Critical Illness that is diagnosed between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate’s REINSTATEMENT provision does not apply to this Recurrence Rider.]

RECURRENCE BENEFITS

Following payment of [50-100%] of the Critical Illness benefits in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B], this Recurrence Rider provides a [one time – three times] restoration of [10-300%] of the maximum benefit amount shown in the SCHEDULE OF BENEFITS section of the Certificate [or rider] (less any age reductions) [for the Critical Illness module] [or module A] [or module B]. We will pay [10-100%] of the maximum benefit amount for the Critical Illness shown in the SCHEDULE OF BENEFITS section of the Certificate [or rider] (less any age reductions) for the Recurring Critical Illness on the Date of Recurring Diagnosis.

[Benefits under this rider reduce 50% on [Your 70th birthday] [the Policy anniversary following Your 70th birthday] [the Covered Person's 70th birthday] [the Policy anniversary following the Covered Person's 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness [or Additional Child Disease] caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

[No benefit is payable for Your Children for [Carcinoma in Situ] [or] [Coronary Artery Bypass].]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.

PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Recurrence Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



Donald A. Butcher
President



Megan Huddleston
Secretary

RESTORATION OF BENEFITS RIDER

RELIASTAR LIFE INSURANCE COMPANY
[20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CCI]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Salaried Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

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SCHEDULE OF BENEFITS

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Restoration of Benefits Rider is automatically included in the cost of Your coverage.

DEFINITIONS

General terms defined in the DEFINITIONS section of the Certificate [and riders] regarding medical conditions and eligibility apply to each Covered Person.

Covered Person means:

- You, if You are covered for Critical Illness insurance under the Policy.
- [Your Spouse who is covered under Your Spouse Critical Illness Rider.]
- [Your Children who are covered under Your Children's Critical Illness Rider.]

Date of Subsequent Diagnosis means the date while this Restoration of Benefits Rider is in force when a Subsequent Critical Illness benefit would be payable under the Policy.

Subsequent Critical Illness means a Critical Illness included in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B], other than the Critical Illness for which a benefit has been paid, following a period of [6-12] consecutive months during which both of the following are true:

- The Covered Person has had no occurrence of any Critical Illness listed in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B].
- The Covered Person was free of the condition(s) listed in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B], for which benefits were previously paid.

[You and Your means [an Employee/Member] who is eligible for coverage under the Policy. If a former Spouse is covered after divorce, or a widowed Spouse is covered after Your death, then references to “You” and “Your” will include this former Spouse or widowed Spouse where applicable.]

GENERAL PROVISIONS

ELIGIBILITY

If You are working for the Employer in an eligible class (shown in the Certificate’s SCHEDULE OF BENEFITS), You are eligible for this Restoration of Benefits Rider on the latest of the following dates:

- The Policy effective date.
- The date this Restoration of Benefits Rider is available to the eligible class of Insured Persons to which You belong.
- Your Critical Illness coverage effective date.

EFFECTIVE DATE

Each Covered Person will be covered at 12:01 a.m. standard time at the Policyholder’s address on the date the Covered Person is eligible for coverage under this rider.

TERMINATION

This Restoration of Benefits Rider will terminate on the earliest of the following:

- The date Your Certificate terminates.
- The date the Restoration of Benefits Rider is terminated for all Insured Persons under the Policy.
- [For Your Spouse’s coverage, the date the Spouse Critical Illness Rider terminates.]
- [For each Child’s coverage, the date Your Child’s coverage under the Children’s Critical Illness Rider terminates.]

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate’s PORTABILITY provision, then this Restoration of Benefits Rider will also be continued during portability.]

[PORTABILITY FOLLOWING DEATH OR DIVORCE

If You die or divorce and Your Spouse is approved by Us for portability under the Spouse Critical Illness Rider, then this Restoration of Benefits Rider can also be continued under Your Spouse’s coverage.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate’s REINSTATEMENT provision, and this Restoration of Benefits Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You. The reinstated coverage will only pay a benefit for a Critical Illness that is diagnosed after the effective date of reinstatement. Benefits are not payable for a Critical Illness that is diagnosed between the original termination date and the date We approve Your application for reinstatement.]

[REINSTATEMENT

The Certificate’s REINSTATEMENT provision does not apply to this Restoration of Benefits Rider.]

RESTORATION OF BENEFITS

Following payment of [50-100%] of the Critical Illness benefits in the [Certificate [or rider]] [Critical Illness module] [or module A] [or module B], this Restoration of Benefits Rider provides a [one time - three times] restoration of [10-300%] of the maximum benefit amount listed in the SCHEDULE OF BENEFITS section of the Certificate [or rider] (less any age reductions) [for the Critical Illness module] [or module A] [or module B]. We will pay [10-100%] of the maximum benefit amount for the Critical Illness shown in the SCHEDULE OF BENEFITS section of the Certificate [or rider] (less any age reductions) for the Subsequent Critical Illness on the Date of Subsequent Diagnosis.

[Benefits under this rider reduce 50% on [Your 70th birthday] [the Policy anniversary following Your 70th birthday] [the Covered Person's 70th birthday] [the Policy anniversary following the Covered Person's 70th birthday]; however, premiums do not reduce as a result of this benefit change.]

EXCLUSIONS AND LIMITATIONS

EXCLUSIONS

Benefits are not payable for any Critical Illness [or Additional Child Disease] caused in whole or directly by any of the following:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared (excluding acts of terrorism).
- Loss sustained while on active duty as a member of the armed forces of any nation. However, We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse or misuse of alcohol or taking of drugs, other than under the direction of a Doctor.

[No benefit is payable for Your Children for [Carcinoma in Situ] [or] [Coronary Artery Bypass].]

[PRE-EXISTING CONDITION LIMITATION

For the first [3-12] months following the Covered Person's coverage effective date [(including the effective dates of any increases to coverage)], We will not pay benefits for any condition or illness resulting from a Pre-Existing Condition. Following the satisfaction of the Pre-Existing Condition limitation time period, benefits for a Pre-Existing Condition are the same as benefits for any eligible condition.]

CLAIMS

Additional general claim provisions are described in the CLAIMS section of the Certificate.

FILING A CLAIM

The claim form(s) may require completion by You [and the Employer] [and the Covered Person's attending Doctor]. The completed form(s) and any attachments indicated on the form(s) as required should be sent directly to Us at the address indicated on the form.


PHYSICAL EXAMINATION

We may require the Covered Person to be examined by one or more Doctors or other medical practitioners of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so while the claim is pending. [We may also require You [or Your Spouse] to be interviewed by Our authorized representative.] Failure to comply with this request may result in denial or termination of benefits.

BENEFIT PAYMENTS

Benefits under this Restoration of Benefits Rider are payable to You. Once a claim has been approved, We will make payment as soon as possible but no more than 60 days after receipt of proof of claim. Any accrued benefits that are payable at the time of the Covered Person's death will be paid to You or to Your estate.

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



President



Secretary

RETURN OF PREMIUM RIDER

RELIASTAR LIFE INSURANCE COMPANY [20 Washington Avenue South, Minneapolis, Minnesota 55401]

POLICYHOLDER: [ABC Company]

GROUP POLICY NUMBER: [12345-6CC]

[EMPLOYER: [XYZ Company]]

[INSURED PERSON: [John S. Doe]]

[CERTIFICATE NUMBER: [12-54321]]

[Applicable only to Hourly Employees]

This rider is made a part of the Critical Illness Insurance Certificate and is subject to all of the provisions, limitations and exclusions of the Policy and Certificate, unless changed by this rider. Unless expressly changed by this rider, the terms used in this rider have the same meaning as in the Certificate.

WHO PAYS FOR THE COVERAGE

The cost of coverage under this Return of Premium Rider is automatically included in the cost of Your coverage.

EFFECTIVE DATE

You will be covered at 12:01 a.m. standard time at the Policyholder's address on the date You are eligible for coverage.

TERMINATION

This Return of Premium Rider will terminate on the earliest of the following:

- [Your 70th birthday.] [The Policy Anniversary following Your 70th birthday.]
- The date Your Certificate terminates.
- The date the Return of Premium Rider is terminated for all Insured Persons under the Policy.

[PORTABILITY

If You are approved by Us to continue Your coverage under the Certificate's PORTABILITY provision, then this Return of Premium Rider will also be continued during portability.]

[REINSTATEMENT

If Your Certificate is reinstated under the Certificate's REINSTATEMENT provision, and this Return of Premium Rider is in force under the Policy for all Insured Persons in the eligible class to which You belong, then this rider will also be reinstated for You.]

RETURN OF PREMIUM BENEFIT

Provided no claims[, other than Wellness Benefit Rider claims,] have been paid to You, upon receiving written proof of Your death while this Return of Premium Rider (ROP) is in force, We will pay You a ROP benefit. The benefit will be equal to the sum of the premiums paid (without interest) for Your coverage until the date of Your death times the ROP factor shown below [minus any benefits paid for You [and Your Spouse and Children] under the Wellness Benefit Rider].

Attained age on the date of Your death	ROP factor
60 or less	100%
61	90%
62 and over	80%

For example: John Smith, who has this Return of Premium Rider, dies on January 10 at age 53. [The only claim he ever filed was a Wellness Benefit Rider claim in 2011.]

[Step 1:] \$XXXXX (total amount of premium paid for Critical Illness coverage until January 10) times 100% (ROP factor) = \$ YY (the amount of the return of premium benefit).


[Step 2: \$YY minus \$100 (benefit from 2011 wellness benefit claim) = \$ ZZ (the amount of the return of premium benefit).]

This benefit is payable to Your estate.

[OTHER RIDERS

This Return of Premium Rider does not apply to any Spouse Critical Illness Rider or Children's Critical Illness Rider under the Policy.]

Executed at Our Home Office:
[20 Washington Avenue South
Minneapolis, MN 55401]



President



Secretary

GROUP INSURANCE APPLICATION (AR)

ReliaStar Life Insurance Company

Home Office: PO Box 20, Minneapolis, MN 55440

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Type(s) of Insurance Requested: ☐ Accident ☐ Critical Illness ☐ Hospital Confinement Indemnity ☐ Other _____

Proposed Effective Date 12:01 a.m. _____

GROUP INFORMATION

Group Applicant Legal Name _____

Group Applicant Address _____

City _____ State _____ ZIP _____

Business Name (dba) _____

SIGNATURES

For Critical Illness Insurance Only: No person to be covered for specified disease under this Critical Illness Plan is also covered by any Title XIX (Medicaid or any similar name).

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

Printed/Typed Name of Person Authorized to Contract on Behalf of Group Applicant _____

 Authorized Signature _____ Date _____

Title _____

Agent/Producer Name (Please print.) _____

 Agent/Producer Signature _____ Date _____

License Number _____

Signed At (City & State) _____

Agent/Producer Name (Please print.) _____

 Agent/Producer Signature _____ Date _____

License Number _____

Signed At (City & State) _____

CRITICAL ILLNESS INSURANCE APPLICATION AND REINSTATEMENT REQUEST (AR)

ReliaStar Life Insurance Company, Minneapolis, MN

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Group Policyholder Name _____

Group Number _____ Certificate Number _____

ENROLLMENT TYPE

☐ Initial Enrollment
 ☐ Increase
 ☐ Late Entrant²
☐ Reinstatement

☐ Regular Enrollee¹ (New Hire)
 ☐ Re-Enrollment
 ☐ Special Enrollment
 ☐ Other _____

¹ A regular enrollee is a new employee/member applying at the first available opportunity.² A late entrant is an employee/member applying after the first available opportunity, with the exception of special enrollment offers.

EMPLOYEE / MEMBER INFORMATION

Employee / Member Name (First, Middle Initial, Last) _____

Birth Date (Month, Day, Year) _____ Social Security # _____ Gender: ☐ Female ☐ MaleE-mail Address _____ Has the Employee / Member used tobacco in any form in the last 24 months? ☐ Yes ☐ No

Residence Address _____ City _____ State _____ ZIP _____

Residence or Cell Phone (_____) _____ Work Phone (_____) _____

Proposed Effective Date of Coverage OR Date of Change (Month, Day, Year) _____ Age on Proposed Effective Date _____

Hire Date (Month, Day, Year) _____ Job Title / Occupation _____

Employee / Member ID # _____ Employee / Member Class _____

Is the Employee / Member Actively At Work? ☐ Yes ☐ No The Employee / Member is Scheduled to Work _____ Hours Per WeekPay Mode: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other _____

Department # _____ Location # _____

COVERAGE REQUESTED

Employee / Member (Choose ONE.): ☐ Critical Illness Insurance ☐ Critical Illness Insurance with Optional Cancer coverage included

Note: This choice between the two options can be made at your initial enrollment only.

Requested Benefit Amount / Coverage Amount \$ _____

Note: Employee / Member coverage is required in order to apply for the Spouse and Children's Riders.☐ Spouse Critical Illness Rider: Requested Benefit Amount/Coverage Amount \$ _____☐ Children's Critical Illness Rider:Requested Benefit Amount / Coverage Amount (check one): ☐ \$1,000 ☐ \$2,500 ☐ \$5,000 ☐ \$10,000 ☐ Other _____

Total Monthly Premium \$ _____

SPOUSE INFORMATION *(Complete only if applying for Spouse Critical Illness Rider.)*Name (First, Middle Initial, Last) _____ Gender: ☐ Female ☐ Male

Birth Date (Month, Day, Year) _____ Age on Proposed Effective Date _____

Has the Spouse used tobacco in any form in the last 24 months? ☐ Yes ☐ No**EVIDENCE OF INSURABILITY**Employee ☐ Member ☐ Height _____ ft. _____ in. Weight _____ lbs. Spouse: Height _____ ft. _____ in. Weight _____ lbs.Employee/
Member
Yes No
☐ ☐Spouse
Yes No
☐ ☐1. To the best of your knowledge and belief, have you ☐ or your spouse ☐ tested positive for HIV (Human Immunodeficiency Virus) or its antibodies or received medical advice or sought treatment from a licensed medical professional for AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex)?☐ ☐☐ ☐2. To the best of your knowledge and belief, in the past 10 years, have you ☐ or your spouse ☐ been diagnosed with, taken medication for, or sought medical treatment for any of the following diseases/conditions?

- Disease or disorder of the heart or blood vessels
- Diabetes or Impaired Glucose Tolerance (excluding Gestational Diabetes)
- Stroke, including transient ischemic attack
- Chronic lung disease other than asthma
- Chronic Hepatitis B or C, Cirrhosis or chronic liver disease of any cause
- Kidney disease except stone
- Neurological disease or disorder that causes you to be disabled
- Organ transplant
- Systemic Lupus (SLE)

☐ ☐☐ ☐3. To the best of your knowledge and belief, in the past 2 years, have you ☐ or your spouse ☐ had blood pressure readings of 160 systolic or 100 diastolic (160/100), excluding pregnancy related?**(Complete #4 only if optional cancer coverage is elected.)**☐ ☐☐ ☐4. To the best of your knowledge and belief, have you ☐ or your spouse ☐

- been recommended by a licensed medical professional to have diagnostic tests related to cancer which have not yet been performed or for which results have not yet been received (excluding routine periodic mammogram, pap smears, colonoscopies and/or PSA tests)?
- in the past 10 years, taken medication for or sought medical treatment for cancer, brain tumor (including benign brain tumors), or any malignancy other than basal cell or squamous cell carcinoma of the skin?

REINSTATEMENT DECLARATION AND AGREEMENT

All who sign agree that:

1. The certificate will not be reinstated until ReliaStar Life Insurance Company approves this Reinstatement Application.
2. If spouse or children were covered under riders that are a part of the certificate, ReliaStar Life Insurance Company won't reinstate the riders unless all covered persons are insurable under its standards.

REMARKS OR SPECIAL REQUESTS

FRAUD WARNING

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

ACKNOWLEDGMENTS AND AUTHORIZATIONS

Insurance benefits are contingent on proof of loss. Benefits may require medical information from your health care provider.

ReliaStar Life Insurance Company reserves the right to withdraw the plan if participation during the initial enrollment is less than 25 covered Employees/Members or any other state specific participation requirements. It is understood and agreed that this application shall be made a part of the coverage applied for and that no insurance shall be effective until approved by the company at its home office, regardless of when the first premium is paid.

To the best of my knowledge and belief the information on this form is correct. I understand that false or inaccurate information may result in the termination of coverage or the nonpayment of benefits. I authorize and instruct my Employer to deduct from my pay each pay period the premium due for my insurance coverage purchased through ReliaStar Life Insurance Company. This authorization and assignment will remain in effect until revoked by me in writing to my Employer. I understand that my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am in active employment. I also understand that Evidence of Insurability may be required for coverage to become effective.

This application is part of the Policy and subject to the terms and conditions of the Policy. I understand that no agent, representative or employee of ReliaStar Life Insurance Company, my Employer or any other entity may change or waive the requirements of this application, or the terms of the Policy, the Certificate or any riders, except as specifically set forth in the Policy.

No person to be covered for specified disease under this Critical Illness Plan is also covered by any Title XIX program, designated as Medicaid or any similar name.

Employee/Member Signature _____ Date _____

Signed At (City & State) _____

Agent/Producer Signature _____ Date _____

Signed At (City & State) _____

CRITICAL ILLNESS INSURANCE - CANCER PLAN APPLICATION AND REINSTATEMENT REQUEST (AR)

ReliaStar Life Insurance Company, Minneapolis, MN

Administrative Office: PO Box 122, Minneapolis, MN 55440-0122

PLAN INFORMATION

Group Policyholder Name _____

Group Number _____ Certificate Number _____

ENROLLMENT TYPE

☐ Initial Enrollment
 ☐ Increase
 ☐ Late Entrant²
☐ Reinstatement

☐ Regular Enrollee¹ (New Hire)
 ☐ Re-Enrollment
 ☐ Special Enrollment
 ☐ Other _____

¹ A regular enrollee is a new employee / member applying at the first available opportunity.² A late entrant is an employee / member applying after the first available opportunity, with the exception of special enrollment offers.

EMPLOYEE / MEMBER INFORMATION

Employee / Member Name (First, Middle Initial, Last) _____

Birth Date (Month, Day, Year) _____ Social Security # _____ Gender: ☐ Female ☐ MaleE-mail Address _____ Has the Employee / Member used tobacco in any form in the last 24 months? ☐ Yes ☐ No

Residence Address _____ City _____ State _____ ZIP _____

Residence or Cell Phone (_____) _____ Work Phone (_____) _____

Proposed Effective Date of Coverage OR Date of Change (Month, Day, Year) _____ Age on Proposed Effective Date _____

Hire Date (Month, Day, Year) _____ Job Title / Occupation _____

Employee / Member ID # _____ Employee / Member Class _____

Is the Employee / Member Actively At Work? ☐ Yes ☐ No The Employee / Member is Scheduled to Work _____ Hours Per WeekPay Mode: ☐ Weekly ☐ Bi-Weekly ☐ Semi-Monthly ☐ Monthly ☐ Other _____

Department # _____ Location # _____

COVERAGE REQUESTED

Employee / Member Requested Benefit Amount / Coverage Amount \$ _____

Note: Employee / Member coverage is required in order to apply for the Spouse Rider.☐ Spouse Critical Illness Rider: Requested Benefit Amount / Coverage Amount \$ _____**Total Monthly Premium \$** _____

SPOUSE INFORMATION *(Complete only if applying for Spouse Critical Illness Rider.)*Name (First, Middle Initial, Last) _____ Gender: ☐ Female ☐ Male

Birth Date (Month, Day, Year) _____ Age on Proposed Effective Date _____

Has the Spouse used tobacco in any form in the last 24 months? ☐ Yes ☐ No**EVIDENCE OF INSURABILITY**Employee ☐ Member ☐ Height _____ ft. _____ in. Weight _____ lbs. Spouse: Height _____ ft. _____ in. Weight _____ lbs.Employee/
MemberYes No
☐ ☐Spouse
Yes No☐ ☐☐ ☐☐ ☐☐ ☐☐ ☐

1. To the best of your knowledge and belief, have you ☐ or your spouse ☐ tested positive for HIV (Human Immunodeficiency Virus) or its antibodies or received medical advice or sought treatment from a licensed medical professional for AIDS (Acquired Immunodeficiency Syndrome) or ARC (AIDS Related Complex)?
2. To the best of your knowledge and belief, in the past 10 years, have you ☐ or your spouse ☐ been diagnosed with, taken medication for, or sought medical treatment for cancer, brain tumor (including benign brain tumors), or any malignancy other than basal cell or squamous cell carcinoma of the skin?
3. To the best of your knowledge and belief, have you ☐ or your spouse ☐ been recommended by a licensed medical professional to have diagnostic tests related to cancer which have not yet been performed or for which results have not yet been received (excluding routine periodic mammogram, pap smears, colonoscopies and/or PSA tests)?

REINSTATEMENT DECLARATION AND AGREEMENT

All who sign agree that:

1. The certificate will not be reinstated until ReliaStar Life Insurance Company approves this Reinstatement Application.
2. If spouse was covered under riders that are a part of the certificate, ReliaStar Life Insurance Company will not reinstate the riders unless all covered persons are insurable under its standards.

REMARKS OR SPECIAL REQUESTS

FRAUD WARNING

Any person who, knowingly with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and may subject such person to criminal and civil penalties, and denial of insurance benefits.

ACKNOWLEDGMENTS AND AUTHORIZATIONS

Insurance benefits are contingent on proof of loss. Benefits may require medical information from your health care provider.

ReliaStar Life Insurance Company reserves the right to withdraw the plan if participation during the initial enrollment is less than 25 covered Employees/Members or any other state specific participation requirements. It is understood and agreed that this application shall be made a part of the coverage applied for and that no insurance shall be effective until approved by the company at its home office, regardless of when the first premium is paid.

To the best of my knowledge and belief the information on this form is correct. I understand that false or inaccurate information may result in the termination of coverage or the nonpayment of benefits. I authorize and instruct my Employer to deduct from my pay each pay period the premium due for my insurance coverage purchased through ReliaStar Life Insurance Company. This authorization and assignment will remain in effect until revoked by me in writing to my Employer. I understand that my coverage begins on the effective date assigned by ReliaStar Life Insurance Company, provided I am in active employment. I also understand that Evidence of Insurability may be required for coverage to become effective.

This application is part of the Policy and subject to the terms and conditions of the Policy. I understand that no agent, representative or employee of ReliaStar Life Insurance Company, my Employer or any other entity may change or waive the requirements of this application, or the terms of the Policy, the Certificate or any riders, except as specifically set forth in the Policy.

No person to be covered for specified disease under this Critical Illness Plan is also covered by any Title XIX program, designated as Medicaid or any similar name.

Employee/Member Signature _____ Date _____

Signed At (City & State) _____

Agent/Producer Signature _____ Date _____

Signed At (City & State) _____

SERFF Tracking Number:	MNNP-128271684	State:	Arkansas
Filing Company:	ReliaStar Life Insurance Company	State Tracking Number:	
Company Tracking Number:	RL-CI3-POL-12		
TOI:	H07G Group Health - Specified Disease - Limited Benefit	Sub-TOI:	H07G.001 Critical Illness
Product Name:	Compass Critical Illness		
Project Name/Number:	/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification	Approved-Closed	05/18/2012
Comments:			
Attachment:			
ARCERT.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Application	Approved-Closed	05/18/2012
Bypass Reason:	see forms schedule tab		
Comments:			
		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability	Approved-Closed	05/18/2012
Comments:			
Attachment:			
CI_Statement of Variability.pdf			
		Item Status:	Status Date:
Satisfied - Item:	Consumer Notice	Approved-Closed	05/18/2012
Comments:			
Attachment:			
C729GP.pdf			

ReliaStar Life Insurance Company
Minneapolis, Minnesota

ARKANSAS COMPLIANCE CERTIFICATION

I certify to the best of my knowledge and belief that ReliaStar Life Insurance Company complies with all of the following:

Rule & Regulation 19 (Unfair Sex Discrimination in the Sale of Insurance)

Rule & Regulation 49 (Life and Health Insurance Guaranty Association Notices)

ACA 23-79-138 and Bulletin 15-2009 (Consumer Information Notice)

In regard to ACA 23-80-206 (Flesch Certification):

I certify that form(s) RL-CI3-POL-12 et al has(have) achieved a Flesch Reading Ease Score of 50 and comply(ies) with the requirements of the Life and Disability Insurance Policy Language Simplification Act:



Susannah Saver-Patterson
Assistant Secretary

May 8, 2012
Date

ReliaStar Life Insurance Company
Minneapolis, Minnesota

**ARKANSAS STATEMENT OF VARIABILITY
for Critical Illness Insurance**

Group Critical Illness Policy form RL-CI3-POL-12
Group Critical Illness Certificate form RL-CI3-CERT-12-AR
Spouse Critical Illness Rider form RL-CI3-SPR-12
Children's Critical Illness Rider form RL-CI3-CHR-12-AR
Wellness Benefit Rider form RL-CI3-WELL-12
Recurrence Benefit Rider form RL-CI3-REC-12
Restoration Benefit Rider form RL-CI3-REST-12
Return of Premium Rider form RL-CI3-ROP-12
Group Insurance Application form RL-GRP-AR-12
Insurance Application and Reinstatement Request for Critical Illness form CI3-IND-12-AR
Insurance Application and Reinstatement Request for
Critical Illness – Cancer Plan form CI3-IND-12-AR-CAN

Bracketed text may be included or removed. The policy, certificate and rider forms include multiple versions of some provisions in order to provide multiple options to the group policyholder.

When bracketed text is deleted, paragraphs and page numbering may be shifted.

Bracketed numbers indicate the range that will be used for those numbers.

Telephone numbers may be changed in the future.

The insurer's home office address may be changed in the future.

All officer signatures may be changed in the future.

Other specific variables are defined in more detail below.

CRITICAL ILLNESS POLICY

Cover Page – Policyholder, Group Policy Number, Policy Effective Date, Policy Anniversary Date, Governing Jurisdiction (page 1): All policy and policyholder data will be case-specific. Governing Jurisdiction will be the state of issue.

Table of Contents (page 2): Page numbering will be adjusted as needed.

Part A. Policyholder Provisions –Premium Rates (page 3): Rates and rate tables will be case-specific.

Part A. Policyholder Provisions –Premium Payments, and Initial Rate Guarantee and Rate Changes (page 3): References to dates will be case-specific.

Part A. Policyholder Provisions – Divisions, Subsidiaries or Affiliated Companies Included / Participating Employers (page 4): The names and locations listed will be case-specific.

CRITICAL ILLNESS POLICY (continued)

Part B. Insured Persons' Benefits Section: The policyholder data for Policyholder, Group Policy Number, classes, certificate numbers, rider/endorsement numbers and effective dates will be case-specific. The data in the right footer, if used, will be case-specific.

CRITICAL ILLNESS CERTIFICATE

The data in the right footer of all pages, if used, will be case-specific.

Cover Page – Policyholder, Group Policy Number, Policy Effective Date, Employer, Employer Plan Effective Date, Governing Jurisdiction (page 1): All policy, policyholder and employer data will be case-specific. Governing Jurisdiction will be the state of issue.

Cover Page (page 1): The cover page may need to include, at the end, state-specific notices required by other states when a policy issued in your state covers residents of those other states.

Table of Contents (page 2): Page numbering will be adjusted as needed. The table of contents page may need to include, at the end, state-specific notices required by other states when a policy issued in your state covers residents of those other states.

Schedule of Benefits – Employer, Group Policy Number, Account Number, Insured Person, Certificate Number (page 2): All policy and employer data will be case-specific.

Schedule of Benefits – Eligible Class(es) (page 3): The reference to “All Employees/Members” will be case-specific to describe the eligible classes under the plan, subject to state law. Reference to Employer locations in other countries, if used, will specify the countries.

Schedule of Benefits – Minimum Hours Requirement (page 3): This description will be case-specific to support various group eligibility requirements.

Schedule of Benefits – Rehire (page 3): The reference to 1-12 months may be instead represented as days (30-365 days).

Schedule of Benefits – Who Pays for the Coverage (page 3): References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections. The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Maximum Benefit Amount (page 3): This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the certificate is individualized. The rows may be expanded to include additional options.

Definitions – Active Employment (page 4): This provision will be case-specific to support the requirements of each plan.

Definitions – Employee/Member (page 4): This provision will be case-specific to support the requirements of each plan. Reference to Employer locations in other countries, if used, will specify the countries.

CRITICAL ILLNESS CERTIFICATE (continued)

General Provisions – Effective Date of Coverage (page 5): References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage” or “Basic coverage” and “Supplemental coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

SPOUSE CRITICAL ILLNESS RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Spouse, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Schedule of Benefits – Who Pays for the Coverage: References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections.” The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Maximum Benefit Amount: This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the rider is individualized. The rows may be expanded to include additional options.

Schedule of Benefits – Guaranteed Issue Amount: This description will be case-specific to support the appropriate offer for each plan.

General Provisions – Effective Date: References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

Data in right footer: The data in the right footer, if used, will be case-specific.

CHILDREN’S CRITICAL ILLNESS RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Schedule of Benefits – Who Pays for the Coverage: References to “Option 1/Core” and “Option 2/Buyup” if used may be changed to some other label describing the different benefit selections.” The last row if used may refer to multiple options, such as “Options 2, 3 and 4.”

Schedule of Benefits – Maximum Benefit Amount: This description will be case-specific to support the appropriate offer for each plan, or the elected amount for each insured if the rider is individualized.

General Provisions – Effective Date: References to “Option 1 coverage” and “Option 2 coverage” if used may be changed to some other label describing the different benefit selections, such as “Core coverage” and “Buy-Up coverage.” The second reference if used may refer to multiple options, such as “Option 2, 3 or 4 coverage.”

Data in right footer: The data in the right footer, if used, will be case-specific.

WELLNESS BENEFIT RIDER
RECURRENCE RIDER
RESTORATION OF BENEFITS RIDER
RETURN OF PREMIUM RIDER

Policyholder, Group Policy Number, Employer, Insured Person, Certificate Number, Applicable Class: All policy, policyholder and employer data will be case-specific.

Contents: Page numbering will be adjusted as needed.

Data in right footer: The data in the right footer, if used, will be case-specific.

GROUP INSURANCE APPLICATION

Home & Administrative Office: The insurer's home & administrative office addresses may be changed.

Fraud warnings: The states listed and the statements may be updated for state requirements.

Data in right footer: The data in the right footer, if used, will be for the insurer's use only.

CRITICAL ILLNESS APPLICATION

When presented electronically, the actual wording of the statements and questions will not change, but based on the plan design and the responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant.

Administrative Office: The insurer's administrative office may be changed.

Coverage Requested – amounts: The application may show specific amounts offered under the plan, or pre-populate a single amount if only one is offered, or allow the applicant to enter the amount.

Coverage Requested – spouse and child: Either or both options may be removed if not offered under the plan.

Data in right footer: The data in the right footer of all pages, if used, will be for the insurer's use only.

Fraud warnings: The states listed and the statements may be updated for state requirements.

CRITICAL ILLNESS–CANCER PLAN APPLICATION

When presented electronically, the actual wording of the statements and questions will not change, but based on the plan design and the responses, they may appear in a slightly different order. Logic will be built into the electronic system to allow only the applicable information and questions to appear to the applicant.

Administrative Office: The insurer's administrative office may be changed.

Coverage Requested – amounts: The application may show specific amounts offered under the plan, or pre-populate a single amount if only one is offered, or allow the applicant to enter the amount.

Data in right footer: The data in the right footer of all pages, if used, will be for the insurer's use only.

Fraud warnings: The states listed and the statements may be updated for state requirements.

Consumer Notice for Arkansas Residents

The nearest servicing office is the Minneapolis, Minnesota office of ING Employee Benefits, a division of ReliaStar Life Insurance Company and ReliaStar Life Insurance Company of New York.

The mailing address is:

PO Box 20
Minneapolis, Minnesota 55440-0122
Telephone: (800) 537-5024

If you are not provided with reasonable and adequate service, you should feel free to contact:

Arkansas Insurance Department
Consumer Services Division
1200 West Third Street
(Corner of Third and Cross Street)
Little Rock, Arkansas 72201-1904

Telephone: (501) 371-2640
Toll Free in AR: (800) 852-5494

This consumer notice is for information only and does not become a part or condition of this certificate or policy. Please insert this notice in your certificate or policy.